

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018570

Entity Name: PASSAGE THRU INDIA LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

11025 BATELLO DRIVE
VENICE, FL 34292

New Principal Place of Business:

1930 MOSSY OAK DRIVE
NORTH PORT, FL 34287

Current Mailing Address:

11025 BATELLO DRIVE
VENICE, FL 34292

New Mailing Address:

1930 MOSSY OAK DRIVE
NORTH PORT, FL 34287

FEI Number: 42-1583250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, ALAIN
11025 BATELLO DRIVE
VENICE, FL 34292 US

Name and Address of New Registered Agent:

GARDNER, ALAIN
1930 MOSSY OAK DRIVE
NORTH PORT, FL 34287 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARDNER, ALAIN
Address: 11025 BATELLO DRIVE
City-St-Zip: VENICE, FL 34292

Title: MGRM () Delete
Name: GARDNER, ALKA
Address: 11025 BATELLO DRIVE
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARDNER, ALAIN
Address: 1930 MOSSY OAK DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM (X) Change () Addition
Name: GARDNER, ALKA
Address: 1930 MOSSY OAK DRIVE
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAIN GARDNER

MBRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date