

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000050146

FILED
Jun 30, 2009
Secretary of State**Entity Name:** HARI HOLDINGS, LLC**Current Principal Place of Business:**2060 N. DONNELLY STREET
MT. DORA, FL 32757**New Principal Place of Business:****Current Mailing Address:**2060 N. DONNELLY STREET
MT. DORA, FL 32757**New Mailing Address:****FEI Number:** 26-0203051**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NAGABHAIRU, LALBAHADUR S M.D.
2060 N. DONNELLY STREET
MT. DORA, FL 32757 US**Name and Address of New Registered Agent:**NEWMAN, RICHARD P ESQ.
1000 W. MAIN STREET
LEESBURG, FL 34748 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: RICHARD P. NEWMAN, ESQ.

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAGABHAIRU, LALBAHADUR S M.D.
Address: 2060 N. DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR (X) Delete
Name: BASKAR, SOUNDARPANDIAN M.D.
Address: 2060 NORTH DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757 US

Title: MGR (X) Delete
Name: RAMAIAH, BHARATHI M.D.
Address: 2060 N DONNELLY STREET
City-St-Zip: MT. DORA, FL 32757 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LALBAHADUR S. NAGABHAIRU, M.D.

MGR

06/30/2009

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