


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000110903		
1. Entity Name AINO L.L.C.		

Principal Place of Business 14500 WOODFIELD CIR N JACKSONVILLE, FL 32258 US	Mailing Address 14500 WOODFIELD CIR N JACKSONVILLE, FL 32258 US
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2. Principal Place of Business - No P.O. Box # 2415 Old Saint Aug Rd Suite, Apt. #, etc. 1224 City & State Tallahassee, FL Zip 32301 Country LEON	3. Mailing Address 2415 Old Saint Aug Rd Suite, Apt. #, etc. 1224 City & State Tallahassee, FL Zip 32301 Country LEON
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FILED  
08 MAY 15 PM 4:55  
TALLAHASSEE, FLORIDA



05142008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent PENMETHSA, VARMA T 14500 WOODFIELD CIR N JACKSONVILLE, FL 32258	7. Name and Address of New Registered Agent Name Radha Lakshmi Alluru Street Address (P.O. Box Number is Not Acceptable) 2415 Old Saint Aug Rd, #1224 City Tallahassee FL Zip Code 32301
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Abel (NOTE: Registered Agent signature required when reinstating) DATE 05/15/2008

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENMETHSA, THIRUPATHI V 14500 WOODFIELD CIR N JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLURU, RADHA LAKSHMI 14500 WOODFIELD CIR N JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Abel 05/15/2008 9797395878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #