

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118170

FILED
Jan 27, 2009
Secretary of State

Entity Name: NITHYANANDA CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

3300 UNIVERSITY DR, STE 311
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DR, STE 311
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-1495965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISHNAN, RAJESH K
3300 UNIVERSITY DRIVE, SUITE 311
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRISHNAN, RAJESH K
Address: 3300 UNIVERSITY DRIVE, SUITE 311
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: LIN, SHUPING
Address: 3300 UNIVERSITY DRIVE, SUITE 311
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: SRI SITHYANANDA SWAM, I
Address: 3300 UNIVERSITY DRIVE, SUITE 311
City-St-Zip: CORAL SPRINGS, FL 33065

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: RAJESH K KRISHNAN

MR

01/27/2009

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