2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031523

Entity Name: SATYANATHAN FAMILY LIMITED LIABILITY COMPANY

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1931 SE 19TH LANE 4634 SW SANTA BARBARA PLACE CAPE CORAL, FL 33990 US

#102

CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

4634 SW SANTA BARBARA PLACE 1931 SE 19TH LANE CAPE CORAL, FL 33990 US

#102

CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

FEI Number: 26-2282736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SATYANATHAN, ANGIYA R SATYANATHAN, ANGIYA R 1931 SE 19TH LANE 4634 SW SANTA BARBARA PLACE

CAPE CORAL, FL 33990 US #102 CAPE CORAL, FL 33914 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: 03/26/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:

() Delete (X) Change () Addition SATYANATHAN, ANGIYA R TRUSTEE SATYANATHAN, ANGIYA R TRUSTEE Name: Name:

1931 SE 19TH LANE Address: 4634 SW SANTA BARBARA PLACE Address: 102, FL 33914 US

City-St-Zip: CAPE CORAL, FL 33990 US City-St-Zip:

Title: MGR () Delete Title: (X) Change () Addition SATYANATHAN, JANET S TRUSTEE Name: SATYANATHAN, JANET S TRUSTEE Name:

Address: 1931 SE 19TH LANE Address: 4634 SW SANTA BARBARA PLACE City-St-Zip: CAPE CORAL, FL 33990 US City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR () Delete Title: () Change () Addition

SMITH, DEBORAH A Name: Name: Address: 28892 AUDREY STREET Address: City-St-Zip: WARREN, MI 48092 US City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: SATYANATHAN, JAADI A Name: SATYANATHAN, JAADI A 2379 N. 57TH STREET Address: 2944 PAXTON STREET Address: City-St-Zip: FERNDALE, MI 48220 US City-St-Zip: MILWUKEE, WI 53210 US

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: ANGIYA SATYANATHAN 03/26/2009