

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000064508

Entity Name: PBT GROUP LLC

FILED  
Feb 25, 2010  
Secretary of State

**Current Principal Place of Business:**

9338 SAVANNAH ESTATES DRIVE  
LAKEWORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

9338 SAVANNAH ESTATES DRIVE  
LAKEWORTH, FL 33467 US

**New Mailing Address:**

FEI Number: 27-0494801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VASIREDDY, SRIDHAR P  
1041 GROVE PARK CIRCLE  
BOYNTON BEACH, FL 33436 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: CEO  
Name: CHALLA, GNANESWAR  
Address: 9695 ARLIA WAY  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: CFO  
Name: GUDA, KRISHNA R  
Address: 1041 FAIRFAX CIRCLE WEST  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VP  
Name: LAKUMU, AJAY  
Address: 10666 OLD HAMMOCK WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM  
Name: AKELLA, MADHUSUDHAN  
Address: 5106 BRIGHT GALAXY LANE  
City-St-Zip: GREENACRES, FL 33463 US

Title: MGR  
Name: LAKUMU, ANIL  
Address: 9338 SAVANNAH ESTATES DRIVE  
City-St-Zip: LAKEWORTH, FL 33467 US

Title: MGR  
Name: VASIREDDY, SRIDHAR P  
Address: 1041 GROVE PARK CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby 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: GNANESWAR CHALLA

CEO

02/25/2010

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