


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # M02000003091 1. Entity Name LAKSHMI LIMITED LIABILITY COMPANY |  |
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| Principal Place of Business 17 CHATEL DRIVE LITTLE ROCK, AR 72223 | Mailing Address 17 CHATEL DRIVE LITTLE ROCK, AR 72223 |
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| 07012004 No Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 91-2141914 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
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| 6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32901 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004

000000168161
07/26/04-80002-017 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NAIR, DR. BALAN 17 CHATEL DR. LITTLE ROCK, AR 72223 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NAIR, DR. JAYA 17 CHATEL DR. LITTLE ROCK, AR 72223 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *M. Nair* 7/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #