

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 12, 2005  
Secretary of State**

DOCUMENT# M02000003091

Entity Name: LAKSHMI LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

17 CHATEL DRIVE  
LITTLE ROCK, AR 72223

**New Principal Place of Business:**

**Current Mailing Address:**

17 CHATEL DRIVE  
LITTLE ROCK, AR 72223

**New Mailing Address:**

FEI Number: 91-2141914      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BLVD., STE. 505  
MELBOURNE, FL 32901 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: J. PATRICK ANDERSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NAIR, DR. BALAN  
Address: 17 CHATEL DR.  
City-St-Zip: LITTLE ROCK, AR 72223

Title: MGR ( ) Delete  
Name: NAIR, DR. JAYA  
Address: 17 CHATEL DR.  
City-St-Zip: LITTLE ROCK, AR 72223

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: DR. BALAN NAIR

MGR

10/12/2005

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