

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0029882  
MB

**DOCUMENT # M02000003091**

1. Entity Name  
**LAKSHMI LIMITED LIABILITY COMPANY**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 29 AM 10:25  
*LR 10/07*

Principal Place of Business  
1010 W. THIRD ST.  
LITTLE ROCK AR 72201

Mailing Address  
1010 W. THIRD ST.  
LITTLE ROCK AR 72201



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **91-2141914**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDERSON, J. PATRICK**  
**930 S. HARBOR CITY BLVD., STE. 505**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number, is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**\$0.00** FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>NAIR, DR. BALAN</b>	<b>17 CHATEL DR.</b>	<b>LITTLE ROCK AR 72223</b>	<input type="checkbox"/>
	<b>NAIR, DR. JAYA</b>	<b>17 CHATEL DR.</b>	<b>LITTLE ROCK AR 72223</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

700023399537  
09/29/03--01052--003 \*\*\$50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *SIGNATURE REQUIRED* **Balan Nair** 9-23-03 501-868-7470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)