


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 10:37

DOCUMENT # A0100000238				
1. Entity Name SHAH FAMILY OF CENTRAL FLORIDA, LTD.				
Principal Place of Business 4918 SAINT CROIX DRIVE TAMPA, FL 33629		Mailing Address 4918 SAINT CROIX DRIVE TAMPA, FL 33629		
2. Principal Place of Business 5157 W. SAN JOSE ST.		3. Mailing Address 5157 W. SAN JOSE ST.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3700752
6. Name and Address of Current Registered Agent SHAH, CHUNILAL P 4918 SAINT CROIX DRIVE TAMPA, FL 33629				Applied For Not Applicable
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Name				02212006 Chg-LP CR2E003 (11/05)
Street Address (P.O. Box Number is Not Acceptable) 5157 W. SAN JOSE ST.				
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	5157 W. SAN JOSE ST.
NAME	CHUNILAL P. SHAH AND KANTA C. SHAH CO-TRUS		CITY-ST-ZIP	TAMPA, FL. 33629
STREET ADDRESS	4918 SAINT CROIX DRIVE			
CITY-ST-ZIP	TAMPA, FL 33629		STREET ADDRESS	5157 W. SAN JOSE ST.
DOCUMENT #	NAME		CITY-ST-ZIP	TAMPA FL. 33629
NAME	KANTA C. SHAH AND CHUNILAL P. SHAH CO-TRUS			
STREET ADDRESS	4918 SAINT CROIX DRIVE		STREET ADDRESS	100069927531
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	04/10/06--01024--012 **500.00
DOCUMENT #	NAME			
NAME			STREET ADDRESS	
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				
SIGNATURE: <i>[Signature]</i> - C.P. SHAH.				Date: March 17, 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #

STAPLE CHECK HERE

727-724-5622