


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
May 02, 2008 08:00 AM  
Secretary of State**

DOCUMENT # A0100000238  
1. Entity Name  
SHAH FAMILY OF CENTRAL FLORIDA, LTD.



Principal Place of Business      Mailing Address  
5157 W SAN JOSE ST      5157 W SAN JOSE ST  
TAMPA, FL 33629      TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP      CR2E003 (12/06)

4. FEI Number 59-3700752	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent  
  
SHAH, CHUNILAL P  
5157 W SAN JOSE ST  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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 *C. P. Shah*      C. P. SHAH      Gen. Partner      April 29, 08  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

U00000946399  
05/30/08-80048-001 508.75

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CHUNILAL P. SHAH AND KANTA C. SHAH CO-TRUS 5157 W SAN JOSE ST TAMPA, FL 33629
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KANTA C. SHAH AND CHUNILAL P. SHAH CO-TRUS 5157 W SAN JOSE ST TAMPA, FL 33629
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *C. P. Shah*      CHUNILAL P. SHAH      April 29, 08      727-724-5622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE