

A03000000716

1. Entity Name
ARUNACHALAM ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:09

Principal Place of Business
7804 FAIRWAY LANE
WEST PALM BEACH, FL 33412

Mailing Address
7804 FAIRWAY LANE
WEST PALM BEACH, FL 33412



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

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

02082004 Ctg-LP CR2E003 (10/03)

4. FEI Number
51-1184484 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THENAPPAN, ARUNACHALAM
7804 FAIRWAY LANE
WEST PALM BEACH, FL 33412

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 219104
Signature, typed or printed name of registered agent and date if applicable DATE

9. Capital Contributions as Shown on record. \$1,200,000.00
10. Amount of Capital Contributions in FLORIDA to date. 375,000. 11. \$526.25

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 CITY-ST-ZIP	THENAPPAN, ARUNACHALAM 7804 FAIRWAY LANE WEST PALM BEACH, FL 33412	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ARUNACHALAM, ANNAPOORNA 7804 FAIRWAY LANE WEST PALM BEACH, FL 33412	STREET ADDRESS CITY-ST-ZIP	000000070056 02/20/04 80017-024 526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER