


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 5, 2007**

<b>DOCUMENT #</b> <del>B060000000362</del>	
<b>1. Entity Name</b> SHYAM FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 27242 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543	<b>Mailing Address</b> 27242 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:29



<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b> 28444 Tupper Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b> Wesley Chapel, FL
<b>Zip</b>	<b>Country</b> F.I. 33545

2nd MOORE

CR2E003 (4/07)

<b>6. Name and Address of Current Registered Agent</b>  LASMAN, JEFFREY M 6152 DELANCEY STREET, STE 205 RIVEVIEW FL 33569	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

**SIGNATURE** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

DATE

**File Now!!! Fee is \$900.00 • Due By September 5, 2007**

**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	
<b>DOCUMENT #</b>	L05000038762	<b>STREET ADDRESS</b>	
<b>NAME</b>	SHYAM, LLC	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	27242 HOLLYBROOK TRAIL		
<b>CITY-ST-ZIP</b>	WESLEY CHAPEL FL 33543		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:**  **8-2-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE