

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A01000000238 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. Suite, Apt. #, etc.		3. Mailing Address 5157 W. SAN JOSE ST. Suite, Apt. #, etc.			
City & State		City & State		02212006 Chg-LP CR2E003 (11/05)	
Zip		Country		4. FEI Number 59-3700752	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, CHUNILAL P 4918 SAINT CROIX DRIVE TAMPA, FL 33629				7. Name and Address of New Registered Agent Name 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 CITY-ST-ZIP	CHUNILAL P. SHAH AND KANTA C. SHAH CO-TRUS 4918 SAINT CROIX DRIVE TAMPA, FL 33629		STREET ADDRESS CITY-ST-ZIP	5157 W. SAN JOSE ST. TAMPA, FL 33629	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KANTA C. SHAH AND CHUNILAL P. SHAH CO-TRUS 4918 SAINT CROIX DRIVE TAMPA, FL 33629		STREET ADDRESS CITY-ST-ZIP	5157 W. SAN JOSE ST. TAMPA FL 33629	
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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: <u><i>C. P. SHAH</i></u> Date: <u>March 17, 06</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

727-724-5622