

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

<b>DOCUMENT # A02000000973</b> 1. Entity Name <b>JOSHI FAMILY LIMITED PARTNERSHIP</b>						<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>05 AUG 25 AM 10: 03</b>	
Principal Place of Business <b>551 LAKEWOOD DRIVE- OLDSMAR, FL 34677</b>				Mailing Address <b>551 LAKEWOOD DRIVE --- OLDSMAR, FL 34677</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>03-0467972</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>JOSHI, PANKAJ K</b> <b>551 LAKEWOOD DRIVE</b> <b>OLDSMAR, FL 34677</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
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>							
9. Capital Contributions as Shown on record. <b>\$7,500.00</b>				10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	<b>P02000080464</b>			STREET ADDRESS			
NAME	<b>JPMP INC</b>			CITY-ST-ZIP			
STREET ADDRESS	<b>551 LAKEWOOD DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>OLDSMAR, FL 34677</b>			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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							
<b>SIGNATURE:</b> 				<b>7/31/05</b> <b>727-784-2504</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			

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