


FILED

06 MAY 31 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A03000001039						FILED	
1. Entity Name GOWANI FAMILY INVESTMENTS, LTD						06 MAY 31 AM 9: 26	
Principal Place of Business 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 US				Mailing Address 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 US			
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 06-1652178				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOWANI, SHERALI H 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Yasmeen Gowani 9177 Point Cypress Dr. City Orlando, FL. 32836			
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.				Code 32819			
SIGNATURE <i>[Signature]</i> 4-5-06				300075653583 06/02/06--01003--003 **500.00			
Signature, typed or printed name of registered agent and title if applicable.				DATE			
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	L02000011396 GOWANI INVESTMENTS, L.L.C. 9430 TURKEY LAKE ROAD, SUITE 208 ORLANDO, FL 32819			STREET ADDRESS CITY-ST-ZIP	7224 STONE ROCK CIRCLE ORLANDO, FL 32819		
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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: <i>[Signature]</i> YASMEEN GOWANI 4-5-06							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			

STAPLE CHECK HERE

4107-760-178E