


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY 19 AM 9:38

| | |
|---|---|
| DOCUMENT # A03000001302 |  |
| 1. Entity Name KESHAV PATEL FAMILY LIMITED PARTNERSHIP, LLLP | |

| | |
|---|---|
| Principal Place of Business 168 CROOP LANE PORT CHARLOTTE, FL 33952 | Mailing Address 168 CROOP LANE PORT CHARLOTTE, FL 33952 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
|-----------------------------|-----------------------------|



04042006 Chg-LP CR2E003 (11/05)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950 | |
|---|--|

| | | |
|---|--|--------------------------------|
| 4. FEI Number APPLIED FOR | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |

#3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | 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 # | PATEL, HIREN | STREET ADDRESS | |
| NAME | 168 CROOP LANE | CITY - ST - ZIP | |
| STREET ADDRESS | PORT CHARLOTTE, FL 33952 | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 800075556028 |
| NAME | | CITY - ST - ZIP | 05/31/06--01030--002 **550.00 |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone # |
|--|--|------|-----------------|

HIREN PATEL, GENERAL PARTNER

STAPLE CHECK HERE