

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

Wilmington Place

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000285

1. Entity Name
KEERTHI LIMITED PARTNERSHIP



Principal Place of Business
4420 FM 1960 WEST, SUITE 224
HOUSTON, TX 77068

Mailing Address
4420 FM 1960 WEST, SUITE 224
HOUSTON, TX 77068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0721488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEATING, JOHN K
749 N. GARLAND AVENUE, SUITE 101
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,412,730.00

10. Amount of Capital Contributions in FLORIDA to date.

1,412,730

total due: 526.25

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 # L04000014314
NAME KEERTHI MANAGEMENT, LLC
STREET ADDRESS 4420 FM 1960 WEST, SUITE 224
CITY-ST-ZIP HOUSTON, TX 77068

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Olga Omandam

4/22/05

Date

2814441585

Daytime Phone #

STAPLE CHECK HERE