

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A04000000285**

1. Entity Name  
**KEERTHI LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-LP CR2E003 (12/06)

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 **John K. Keating**  
 Street Address (P.O. Box Number is Not Acceptable)

**250 East Colonial Drive, Suite 300**  
 City **Orlando** **FL** Zip Code **32801**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # **L04000014314**  
 NAME **KEERTHI MANAGEMENT, LLC**  
 STREET ADDRESS **4420 FM 1960 WEST, SUITE 224**  
 CITY-ST-ZIP **HOUSTON, TX 77068**

STREET ADDRESS  
 CITY-ST-ZIP  
**000120708270**  
**03/19/08--01010--009 \*\*500.00**

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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: **Deepest Doodde** **226.08** **2814441585**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA