2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MOHAMM

Due By May 1, 2007 DOCUMENT # A04000000414 FILED 1. Entity Name THE FAROOQUI FAMILY, LTD PARTNERSHIP 07 MAY 18 PM 4: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 482 WEST OAKRIDGE ROAD 482 WEST OAKRIDGE ROAD ORLANDO, FL 32809 ORLANDO, FL 32809 04242007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2115079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLS. CHANGE TO FOLLOWING DO NOT WRITE MORMAN S E8Q. 4781 SOUTH ORANGE AVENUE MUHAMMED A-FAROUGH ORLANDO PL 32792 IN THIS SPACE 482 WEST FAKRIPUR Rd. ORLANDO-P1-32809 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 yunce. MOHAMMED A. HAROUQU) PRESIDENT Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 DOCUMENT # NAME FAROOQUI, MOHAMMED A STREET ADDRESS 306 CHUTNEY DRIVE CITY-ST-ZIP ORLANDO, FL 32825 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME PA STREET ADDRESS CITY-ST-ZIP STAPLE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

-A-ROUGVI