

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000000542 1. Entity Name THE PATEL GROUP, LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB 14 AM 11:48			
Principal Place of Business 3312 LITHIA PINECREST RD BRANDON FL 33594				Mailing Address 3312 LITHIA PINECREST RD BRANDON FL 33594					
2. Principal Place of Business		3. Mailing Address		 1ST MOORE CR2E003 (10/04)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country							
4. FEI Number				☒ 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					
PATEL, PRATIV 3312 LITHIA PINECREST RD BRANDON FL 33594				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable									
9. Capital Contributions as Shown on record.		\$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info			
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				STREET ADDRESS CITY-ST-ZIP					
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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				Date 2/10/2005 (813) 503 1058					

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