


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN 19 PM 4:07

DOCUMENT # A04000000888		
1. Entity Name GAMA AGGARWAL, LIMITED LIABILITY PARTNERSHIP		

Principal Place of Business 8748 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836	Mailing Address 5200 VINELAND RD 200 ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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05232008 Chg-LP CR2E003 (12/06)

4. FEI Number 75-3157755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  AGGARWAL, AVANISH M 8748 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	L04000091993	STREET ADDRESS	
NAME	AVNISH MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	8748 SOUTHERN BREEZE DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32836		
DOCUMENT #		STREET ADDRESS	900131634999
NAME		CITY-ST-ZIP	06/24/08--01043--005 **2437.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied on 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:  6/17/08 407-529-3067  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

6/19/08