

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


Due By May 1, 2005

Timberlake

FILED

2005 MAY -3 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000997		
1. Entity Name NAVAYUGA 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
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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 20-1246150	Applied For 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		7. Name and Address of New Registered Agent	
KEATING, JOHN K 749 N. GARLAND AVE., 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$655,875.00	10. Amount of Capital Contributions in FLORIDA to date. 655,875.	total due: 526.25
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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 #	L04000046382	STREET ADDRESS	
NAME	NAVAYUGA MANAGEMENT, LLC	CITY-ST-ZIP	300055363513
STREET ADDRESS	4420 FM 1960 WEST, SUITE 224		05/26/05--01022--002 **526.25
CITY-ST-ZIP	HOUSTON, TX 77068		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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: Olya Omandam 4/22/05 2814441585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE