

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

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**

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

20-1246150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEATING, JOHN K
749 N. GARLAND AVE., SUITE 101
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **John K. Keating**

Street Address (P.O. Box Number is Not Acceptable)

250 East Colonial Drive, Suite 300

City **Orlando**

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

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

DOCUMENT # **L04000046382**
NAME **NAVAYUGA MANAGEMENT, LLC**
STREET ADDRESS **4420 FM 1960 WEST, SUITE 224**
CITY-ST-ZIP **HOUSTON, TX 77068**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200120722012
03/19/08--01015--020 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2.26.08

2814441585