


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001753 1. Entity Name RAVI NILAYAM LIMITED PARTNERSHIP	
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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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DO NOT WRITE IN THIS SPACE



01052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-1784091	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 KEATING, JOHN K 794 N. GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

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 file if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	M04000004870
NAME	RAVI NILAYAM MANAGEMENT, LLC
STREET ADDRESS	4420 FM 1960 WEST, SUITE 224
CITY-ST-ZIP	HOUSTON, TX 77068
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U00000409991
02/09/06-80017-011 500.00

DO NOT WRITE IN THIS SPACE

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 #** _____

STAPLE CHECK HERE