

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A04000001753**

1. Entity Name  
**RAVI NILAYAM LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

Principal Place of Business      Mailing Address  
**4420 FM 1960 WEST, SUITE 224**      **4420 FM 1960 WEST, SUITE 224**  
**HOUSTON, TX 77068**      **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 <b>20-1784091</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEATING, JOHN K.**  
**794 N. GARLAND AVENUE, 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**      State **FL**      Zip Code **32801**

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**  
**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M04000004870	STREET ADDRESS	
NAME	RAVI NILAYAM MANAGEMENT, LLC	CITY-ST-ZIP	<b>300120708243</b>
STREET ADDRESS	4420 FM 1960 WEST, SUITE 224		<b>03/19/08--01010--008 **500.00</b>
CITY-ST-ZIP	HOUSTON, TX 77068		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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: **2.26.08** **2814441585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STATE OF FLORIDA FILED