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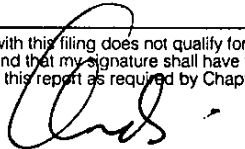
# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001754</b>					
1. Entity Name <b>GOWRI NILAYAM LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4420 FM 1960 WEST, SUITE 224 HOUSTON, TX 77068</b>			Mailing Address <b>4420 FM 1960 WEST, SUITE 224 HOUSTON, TX 77068</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1784096</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KEATING, JOHN K 749 N. GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$781,895.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>781,895.</b>		total due: <b>526.25</b>	
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 #	M04000004871		STREET ADDRESS		
NAME	GOWRI NILAYAM MANAGEMENT		CITY-ST-ZIP		
STREET ADDRESS	4420 FM 1960 WEST, SUITE 224				
CITY-ST-ZIP	HOUSTON, TX 77068				
DOCUMENT #			STREET ADDRESS	000055723420	
NAME			CITY-ST-ZIP	06/06/05--01006--010 **526.25	
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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: 			Date: <b>4/22/05</b>		Daytime Phone #: <b>2814441585</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE