

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

**DOCUMENT # A04000001754**

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



FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

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  
**20-1784096**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **John K. Keating**  
 Street Address (P.O. Box Number is Not Acceptable)

**250 East Colonial Drive, Suite 300**  
 City **Orlando** **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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M04000004871**  
 NAME **GOWRI NILAYAM MANAGEMENT**  
 STREET ADDRESS **4420 FM 1960 WEST, SUITE 224**  
 CITY-ST-ZIP **HOUSTON, TX 77068**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
 CITY-ST-ZIP

**500120722085**  
**03/19/08--01015--021 \*\*500.00**

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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:

*[Handwritten Signature]*

**2-24-08**

**2814441585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA