2006 LIMITED PARTNERSHIP ANNUAL REPORT. Due By May 1, 2006

FILED SECRETARY OF STATE **DOCUMENT # A05000000381** DIVISION OF CORPORATIONS GREEN GANESH FAMILY LIMITED PARTNERSHIP 06 APR 24 AM 8: 55 Principal Place of Business Mailing Address 2814 W BAY HAVEN DR 2814 W BAY HAVEN DR TAMPA, FL 33611 TAMPA, FL 33611 2. Principal Place of Business 3. Mailing Address keshore 7508 leashoro. 1 Z OX Suite, Apt. #, etc 01032006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 20-2 Not Applicable Can Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. DWIGHT DARBY & COMPANY, P.A. Start Address (P.O. Box Number is Not Acceptable) 611 SOUTH MAGNOLIA AVE <u> 1840 Coral Way .</u> **TAMPA, FL 33606** 4th_Floor Zip Code Miami: 33145 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. SPIEGEL & TIRERA, P.A. 3-21-06 <u>Natalia Utrera, Vice President</u> typed or printed name of registered agent and title if applicable FILE NOWIII 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 13 ADDRESS CHANGES ONLY DOCUMENT / STREET ADDRESS NAME TANUS, DEBORAH STREET ADDRESS 2814 W.BAY HAVEN DR CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS 700074079617 NAME 05/05/06--01047--015 **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 anus SIGNATURE: