

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 8:55

DOCUMENT #A05000000998

1. Entity Name
 YUKTESWAR YELLOWSTONE FAMILY LIMITED
 PARTNERSHIP



Principal Place of Business
 2814 W BAY HAVEN DR
 TAMPA, FL 33611

Mailing Address
 2814 W BAY HAVEN DR
 TAMPA, FL 33611

2. Principal Place of Business
 7508 Lakeshore Dr
 Suite, Apt. #, etc.
 Tampa FL

3. Mailing Address (same)
 Suite, Apt. #, etc.
 City & State

City & State
 Zip 33604 Country US

01032006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-2527639

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MUKUNDA MOON, INC.
 2814 W BAY HAVEN DR.
 TAMPA, FL 33611

7. Name and Address of New Registered Agent
 Name
 SPIEGEL & UTRERA, P.A.
 Street Address (P.O. Box Number is Not Applicable)
 1840 Coral Way
 4th Floor
 City
 Miami FL 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 & UTRERA, P.A.**

SIGNATURE By: Natalia Utrera **Natalia Utrera, Vice President** 3-21-06
 Signature, typed or printed name of registered agent and title if applicable. DATE

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------|--------------------------|-------------------|
| DOCUMENT # | F05000002741 | STREET ADDRESS | 7508 Lakeshore Dr |
| NAME | MUKUNDA MOON INC | CITY-ST-ZIP | Tampa FL 33604 |
| STREET ADDRESS | 2050 RUSSETT WAY | | |
| CITY-ST-ZIP | CARSON CITY, NV 89703 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| 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: [Signature] 3/15/06 (813) 956-8689 (813) 988-0792
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE