

**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	
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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	3. Mailing Address (same)		
Suite, Apt. #, etc. Tampa Fl	Suite, Apt. #, etc.		
City & State	City & State		
Zip 33604	Country US	Zip	Country

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 Zip 33145
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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 / m.t.* **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	STREET ADDRESS	
CITY-ST-ZIP	CARSON CITY, NV 89703	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	400074079644
CITY-ST-ZIP		CITY-ST-ZIP	05/05/06-01047--016 **500.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *R. M. M. / M. M.* **3/15/06** **(813) 956-8689**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **(813) 988-0792**  
Date Daytime Phone #

STAPLE CHECK HERE