

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001764

1. Entity Name
 GHAZVINI PARTNERS, LTD.



FILED

07 APR 25 AM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 2811-E INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301-3587

Mailing Address
 2811-E INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301-3587

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

03302007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-3538079

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

GAZVINI, MEHRDAD
 2811-E INDUSTRIAL PLAZA DRIVE
 TALLAHASSEE, FL 32301-3587

Name
 Ghazvini, Behzad

Street Address (P.O. Box Number is Not Acceptable)

2811 E Industrial Plaza Dr

City Tallahassee.

FL

Zip Code 32301

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, applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

BK

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 # L05000091857
 NAME GHAZVINI PARTNERS, LLC
 STREET ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE
 CITY-ST-ZIP TALLAHASSEE, FL 323013587

STREET ADDRESS

CITY-ST-ZIP

800101618518
 05/04/07-01053-011 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/07

Date

514-1000

Daytime Phone #

STAPLE CHECK HERE