


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000946 1. Entity Name THE SRIVASTAVA FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 10 OCEANDRIGE BLVD. SO. PALM COAST, FL 32137	Mailing Address 10 OCEANDRIGE BLVD. SO. PALM COAST, FL 32137
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent CHIUMENTO & ASSOCIATES, P.A. 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST, FL 32137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <table border="1" style="float:right; margin-top:-20px;"> <tr> <td style="width:100px">FL</td> <td>Zip Code</td> </tr> </table>	FL	Zip Code
FL	Zip Code		

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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												
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td>P06000086611</td> </tr> <tr> <td>NAME</td> <td>SRIVASTAVA ENTERPRISES, INC.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10 OCEANDRIGE BLVD. SO.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM COAST, FL 32137</td> </tr> </table>	DOCUMENT #	P06000086611	NAME	SRIVASTAVA ENTERPRISES, INC.	STREET ADDRESS	10 OCEANDRIGE BLVD. SO.	CITY-ST-ZIP	PALM COAST, FL 32137	<table border="1" style="width:100%"> <tr> <td style="width:40%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td align="center"> 100096507961 04/11/07--01041--002 **\$00.00 </td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	100096507961 04/11/07--01041--002 **\$00.00
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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: <u><i>Sanjay Srivastava</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	SANJAY SRIVASTAVA, <small>SRIVASTAVA ENT. INC.</small>	3/26/2007 <small>Date</small>	386-447-4546 <small>Daytime Phone #</small>
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FILED

2007 APR -5 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03202007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-5336115	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

STAPLE CHECK HERE