## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A07000000590

Entity Name: SWAMI-SAI INVESTMENTS, LTD.

2034 FOUR MILE COVE

CAPE CORAL, FL 33990

Address:

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

| Current Principal Place                                            | of Business:                     | New Principal Place o                      | New Principal Place of Business:          |  |
|--------------------------------------------------------------------|----------------------------------|--------------------------------------------|-------------------------------------------|--|
| 3596 BROADWAY<br>FT. MYERS, FL 33901                               |                                  | 2034 FOUR MILE COVE<br>CAPE CORAL, FL 3390 |                                           |  |
| Current Mailing Address:                                           |                                  | New Mailing Address:                       | New Mailing Address:                      |  |
| 3596 BROADWAY<br>FT. MYERS, FL 33901                               |                                  | 2034 FOUR MILE COVE<br>CAPE CORAL, FL 3390 |                                           |  |
| FEI Number: 20-8844324                                             | FEI Number Applied For()         | FEI Number Not Applicable ( )              | Certificate of Status Desired ( )         |  |
| Name and Address of C                                              | urrent Registered Agent:         | Name and Address of                        | Name and Address of New Registered Agent: |  |
| BRENNAN, MANNA & DI<br>76 SOUTH LAURA STRE<br>JACKSONVILLE, FL 322 | ET, SUITE 2110                   |                                            |                                           |  |
| The above named entity s in the State of Florida.                  | submits this statement for the p | purpose of changing its registered         | office or registered agent, or botl       |  |
| SIGNATURE:                                                         |                                  |                                            |                                           |  |
| Electron                                                           | ic Signature of Registered Ag    | ent                                        | Date                                      |  |
| GENERAL PARTNER INFORMATION:                                       |                                  | ADDRESS CHANGES ONLY                       | :                                         |  |
| Document #:                                                        |                                  |                                            |                                           |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AJAY KALRA GP 04/10/2008