

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A18058					
1. Entity Name VISHNU, LTD.					
Principal Place of Business 1000 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 1000 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3044981	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEPAL, INC. 227 FAIRWAY DRIVE ORMOND BEACH, FL 32174				Name ROBERT ABRAHAM	
				Street Address (P.O. Box Number is Not Acceptable) 149 S. RIDGEWOOD AVE, SUITE 500	
				City DAYTONA BEACH FL Zip Code 32114	
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 <u>Robert Abraham</u> Signature, typed or printed name of registered agent and title if applicable				DATE <u>4/7/05</u>	
9. Capital Contributions as Shown on record. \$1,074,730.00			10. Amount of Capital Contributions in FLORIDA to date. \$1,074,730.00		
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 #	H56141		STREET ADDRESS		
NAME	MEPAL, INC.		CITY-ST-ZIP		
STREET ADDRESS	227 FAIRWAY DRIVE				
CITY-ST-ZIP	ORMOND BEACH, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	700054041017	
STREET ADDRESS				05/09/05--01019--025 **526.26	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: By: <u>Mepal, Inc.</u>			Pramila Desai, secretary		
			4.7.05		
			386-239-9795		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE