

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A32767

1. Entity Name
THE NAGDA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
150 SOUTHEAST 17TH STREET, #400
OCALA, FL 34471

Mailing Address
150 SOUTHEAST 17TH STREET, #400
OCALA, FL 34471



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3112980

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAGDA, RASIKLAL D.
150 SOUTHEAST 17TH STREET, #400
OCALA, FL 34471

Name

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

City

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

Handwritten signature of Rasiklal D. Nagda

4/8/04
 DATE

9. Capital Contributions
 as Shown on record.

\$379,449.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
NAGDA, RASIKLAL D.
439 S.W. 48TH STREET
OCALA, FL 34474

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
NAGDA, HARSHADA R.
439 S.W. 48TH STREET
OCALA, FL 34474

STREET ADDRESS
 CITY - ST - ZIP

U000000160886
05/18/04-80007-007 526.25

DOCUMENT #
 NAME
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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:

Handwritten signature of Rasiklal D. Nagda

4/8/04
 Date

(352) 622-9226
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE