
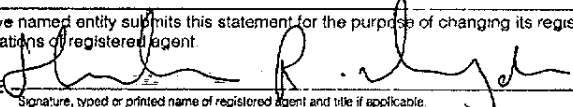



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 09, 2005 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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3112980	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> DATE: 3/18/05 </div> </div>					
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		
NAME	NAGDA, RASIKLAL D.		CITY - ST - ZIP		
STREET ADDRESS	439 S.W. 48TH STREET				
CITY - ST - ZIP	OCALA, FL 34474				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NAGDA, HARSHADA R.		CITY - ST - ZIP		
STREET ADDRESS	439 S.W. 48TH STREET				
CITY - ST - ZIP	OCALA, FL 34474				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			3/18/05 352-622-9226 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE