

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32767

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** THE NAGDA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3112980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: NAGDA, RASIKLAL D.  
Address: 439 S.W. 48TH STREET  
City-St-Zip: OCALA, FL 34474

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: NAGDA, HARSHADA R.  
Address: 439 S.W. 48TH STREET  
City-St-Zip: OCALA, FL 34474

Address:  
City-St-Zip:

I hereby 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: RASIK NAGDA

PSTD

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date