

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32767

**FILED**  
**Apr 25, 2012**  
**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:**

150 SOUTHEAST 17TH STREET  
SUITE 400  
OCALA, FL 34471

**Current Mailing Address:**

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

**New Mailing Address:**

150 SOUTHEAST 17TH STREET  
SUITE 400  
OCALA, FL 34471

**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:**

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

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: RASIKLAL D NAGDA

04/25/2012

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: RASIKLAL D NAGDA

MEM

04/25/2012

Electronic Signature of Signing General Partner

Date