

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32767

1. Entity Name  
THE NAGDA FAMILY LIMITED PARTNERSHIP



FILED

03 APR 21 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3112980

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current 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

*Rasiklal D. Nagda*  
Signature, typed or printed name of registered agent and title if applicable.

4-14-03

DATE

9. Capital Contributions as Shown on record \$379,449.00 10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

CR2E003 (10/02)

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAGDA, RASIKLAL D.  
439 S.W. 48TH STREET  
OCALA FL 34474

STREET ADDRESS  
CITY-ST-ZIP

500016338205  
04/21/03--01005--016 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAGDA, HARSHADA R.  
439 S.W. 48TH STREET  
OCALA FL 34474

STREET ADDRESS  
CITY-ST-ZIP

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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: *Rasiklal D. Nagda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-14-03

Date

Daytime Phone #