

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172007 Chg-LP CR2E003 (12/06)

**DOCUMENT # A96000001885**

1. Entity Name  
**MADRAS, LTD.**



Principal Place of Business  
**1663 MOUND STREET  
SARASOTA, FL 34236**

Mailing Address  
**1663 MOUND STREET  
SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0700465**

Applied For  
Not Applicable

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**

~~SILBERSTEIN, DAVID M.  
720 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236~~

**ROBERT FURMAN  
1663 MOUND STREET  
SARASOTA, FL 34236**

Name

**ROBERT FURMAN**

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

**1663 MOUND STREET**

City

**SARASOTA**

**FL**

Zip Code  
**34236**

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

Signature, typed or printed name of registered agent and title if applicable.

**4-23-2007**

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT # **P96000101383**  
NAME **NEPENTHE, INC.**  
STREET ADDRESS **1663 MOUND STREET**  
CITY-ST-ZIP **SARASOTA, FL 34236**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

**500101242165  
05/02/07--01054--009 \*\*500.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Robert Furman*

**4-23-07 (941) 365-7891**

STAPLE CHECK HERE