

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000660

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** THE GANDHI FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

2735 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

2735 UNIVERSITY BLVD., SOUTH  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3535205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANDHI, PANKAJ  
2735 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 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: GANDHI, PANKAJ H M.D.

Address: 2735 UNIVERSITY BLVD., SOUTH

City-St-Zip: JACKSONVILLE, FL 32216

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PANKAJ GANDHI

MD

04/29/2008

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

\_\_\_\_\_  
Date