
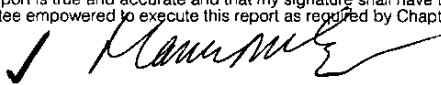


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 13 AM 9:38

|   |                       |         |  |   |         |
|---|-----------------------|---------|--|---|---------|
| <b>DOCUMENT # A97000000811</b>  |                       |         |  |  |         |
| 1. Entity Name<br>THE NANDA FAMILY LIMITED PARTNERSHIP  |                       |         |  |   |         |
| Principal Place of Business<br>7243 BRYAN DAIRY ROAD<br>LARGO, FL 33777   |                       |         | Mailing Address<br>7243 BRYAN DAIRY ROAD<br>LARGO, FL 33777  |   |         |
| 2. Principal Place of Business  |                       |         | 3. Mailing Address   |   |         |
| Suite, Apt. #, etc.   |                       |         | Suite, Apt. #, etc.  |   |         |
| City & State  |                       |         | City & State   |   |         |
| Zip   |                       | Country | Zip  |   | Country |
| 6. Name and Address of Current Registered Agent<br><br>NANDA, MANU<br>7243 BRYAN DAIRY ROAD<br>LARGO, FL 33777  |                       |         | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                       |         |  |   |         |
| 9. Capital Contributions as Shown on record. \$249,471.00   |                       |         | 10. Amount of Capital Contributions in FLORIDA to date. 296,140  |   |         |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br>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   |   |         |
| DOCUMENT #  | NAME                  |         | STREET ADDRESS   |   |         |
|   | NANDA, MANU           |         |  |   |         |
| STREET ADDRESS  | 7243 BRYAN DAIRY ROAD |         | CITY-ST-ZIP  | 200056469532  |         |
| CITY-ST-ZIP   | LARGO, FL 33777       |         |  | 06/23/05--01014--002 **526.25   |         |
| DOCUMENT #  | NAME                  |         | STREET ADDRESS   |   |         |
|   | NANDA, RASHMI         |         |  |   |         |
| STREET ADDRESS  | 7243 BRYAN DAIRY ROAD |         | CITY-ST-ZIP  |   |         |
| CITY-ST-ZIP   | LARGO, FL 33777       |         |  |   |         |
| DOCUMENT #  | NAME                  |         | STREET ADDRESS   |   |         |
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| STREET ADDRESS  |                       |         | CITY-ST-ZIP  |   |         |
| CITY-ST-ZIP   |                       |         |  |   |         |
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|   |                       |         |  |   |         |
| STREET ADDRESS  |                       |         | CITY-ST-ZIP  |   |         |
| CITY-ST-ZIP   |                       |         |  |   |         |
| DOCUMENT #  | NAME                  |         | STREET ADDRESS   |   |         |
|   |                       |         |  |   |         |
| STREET ADDRESS  |                       |         | CITY-ST-ZIP  |   |         |
| CITY-ST-ZIP   |                       |         |  |   |         |
| 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:   |                       |         | Date: 4-26-05 Daytime Phone #: 727-516-3468  |   |         |

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