2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE:

FILED Mar 02, 2007 08:00 A Secretary of State DOCUMENT # A97000000832 1. Entity Name BASHANT FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 6301 SE FEDERAL HIGHWAY STUART FL 34997 6301 SE FEDERAL HIGHWAY STUART FL 34997 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 65-0762936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASHANT, GERALD W SR. Street Address (P.O. Box Number is Not Acceptable) 6301 SE FEDERAL HIGHWAY STUART FL 34997 City 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. CASA. DATE FILE NOW!!! Fee is \$500 *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT# SHEET ADDRESS NAME BASHANT, GERALD W SR. STRUET ADDRESS 6301 SE FEDERAL HIGHWAY CITY-ST-ZIP C11Y-S1-7IP STUART FL 34997 DOCUMENT# SIRELI ADDRESS #000000654480 NAME Ŭ3/13/07=8ÖD62−024 5Ŭ0.00 STRUET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME. STREET ADDRESS CHY-S1-7IP CHY-ST-76 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CHY-\$1-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-S1-ZIP CHY+S1-7IP DOCUMENT # STREFT ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby cortify 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 eath; 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

Daytime Phone ∉