


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

DOCUMENT # A98000001386		
1. Entity Name PANDYA PROPERTIES, LTD.		

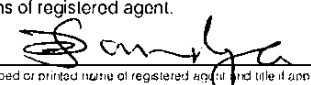
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2007 APR 23 AM 11:00



Principal Place of Business 315 N. TROPICAL TRAIL MERRITT ISLAND FL 32953		Mailing Address 515 W. MERRITT AVE MERRITT ISLAND FL 32953	
2. Principal Place of Business - No P.O. Box # 515 W. MERRITT AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MERRITT ISLAND		City & State	
Zip FL 32953	Country USA	Zip	Country

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent PANDYA, SUMANT J 315 N. TROPICAL TRAIL MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name PANDYA SUMANT J. Street Address (P.O. Box Number is Not Acceptable) 515 W. MERRITT AVE City MERRITT ISLAND FL Zip Code 32953	
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  DATE 4/8/07			

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	SUMANT J. PANDYA, TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	515 W. MERRITT AVE		
CITY - ST - ZIP	MERRITT ISLAND FL 32953		
DOCUMENT #		STREET ADDRESS	
NAME	SNEHLATA S. PANDYA, TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	515 W. MERRITT AVE		
CITY - ST - ZIP	MERRITT ISLAND FL 32953		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

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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

Continuing Phone #

STAPLE CHECK HERE