

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 8:59

DOCUMENT # A98000001394 1. Entity Name JOSHI HOLDINGS, LTD.			
Principal Place of Business 8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418		Mailing Address 8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 4810 Eugenia Dr.		3. Mailing Address 4810 Eugenia Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33418-6726		Zip 33418-6726	
Country USA		Country USA	
4. FEI Number 65-0841647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSHI, ASHOK 8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4810 Eugenia Dr. City Palm Beach Gardens FL Zip Code 33418-6726	
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,350,872.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	JOSHI, ASHOK 8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418	STREET ADDRESS CITY-ST-ZIP	4810 Eugenia Dr. Palm Beach Gardens, FL 33418
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700049556327 03/31/05-01007--033 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
14. 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: 3-22-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #: 561-694-1415	

STAPLE CHECK HERE