

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000001394

1. Entity Name
JOSHI HOLDINGS, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:37

Principal Place of Business 4810 EUGENIA DR. PALM BEACH GARDENS, FL 33418	Mailing Address 4810 EUGENIA DR. PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business 202 COCONUT KEY DR	3. Mailing Address 202 COCONUT KEY DR.
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Suite, Apt. #, etc. PALM BEACH GARDENS	Suite, Apt. #, etc. PALM BEACH GARDENS
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City & State FLORIDA	City & State FLORIDA
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Zip 33418	Country PALM BEACH	Zip 33418	Country PALM BEACH
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01062006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0841647	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOSHI, ASHOK
 4810 EUGENIA DR. 202 COCONUT KEY DRIVE
 PALM BEACH GARDENS, FL 33418-0420**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	JOSHI, ASHOK 4810 EUGENIA DR. PALM BEACH GARDENS, FL 33418	STREET ADDRESS	
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	100069928781
NAME		CITY - ST - ZIP	04/10/06--01027--003 **500.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			

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

3-7-2006 561-626-0816

Date Daytime Phone #