


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -6 AM 9:58

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| DOCUMENT # A98000001394 1. Entity Name JOSHI HOLDINGS, LTD. |  |
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| Principal Place of Business 202 COCONUT KEY DR PALM BEACH GARDENS, FL 33418 | Mailing Address 202 COCONUT KEY DR PALM BEACH GARDENS, FL 33418 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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01042007 Chg-LP CR2E003 (12/06)

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| 6. Name and Address of Current Registered Agent JOSHI, ASHOK 202 COCONUT KEY DRIVE PALM BEACH GARDENS, FL 33418-6126 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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, 2007, 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 | STREET ADDRESS | 202 Coconut Key Drive |
| NAME | 4810 EUGENIA DR. | CITY - ST - ZIP | Palm Beach Gardens, FL 33418 |
| STREET ADDRESS | PALM BEACH GARDENS, FL 33418 | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
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| CITY - ST - ZIP | | CITY - ST - ZIP | |

200087876062
 02/09/07--01046--024 **\$500.00

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]* 1-31-2007 561-626-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE