

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 26

DOCUMENT # A99000001618

1. Entity Name
 THE AKULA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 11259 BRIDGE HOUSE RD.
 WINDERMERE, FL 34786

Mailing Address
 11259 BRIDGE HOUSE RD.
 WINDERMERE, FL 34786

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04082008 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3598225

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKULA, GANESH K
 11259 BRIDGE HOUSE RD.
 WINDERMERE, FL 34786

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # P99000080666
 NAME THE AKULA CORPORATION
 STREET ADDRESS 5074 ISLEWORTH COUNTRY CLUB DR
 CITY-ST-ZIP WINDERMERE, FL

STREET ADDRESS
 CITY-ST-ZIP 300127327463
 04/30/08--01018--022 **500.00

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STREET ADDRESS
 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:

A. Collopy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/08 (407)342-5201

Date Daytime Phone #

STAPLE CHECK HERE

\$500.00 3100