2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

CHECK HER

SIGNATURE: RAMESH

BHATIA

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT#B01000000232 BHATIA PROPERTIES, LTD. Principal Place of Business Mailing Address 7101 ATCO DRIVE FT WORTH TX 76118-7029 7101 ATCO DRIVE FT WORTH TX 76118-7029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 75-2833832 Not Applical Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BHATIA, RAMESH 2407 WILLIAMETTE DRIVE Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 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, typed or printed name of registored agent and title if applicable OATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, 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 ADDRESS CHANGES ONLY 13. IJŊŨŨĬĬŇŦ3**99**68 DOCUMENT # STREET ADDRESS 03/02/**0**6 800**2**2-**0**04 500**.0**0 BHATIA, RAMESH STREET ADDRESS 7101 ATCO DRIVE CITY-ST-ZIP ENTY-ST-21P FORT WORTH TX OCCUMENT (F01000003248 STRULT ADDRESS NAME BHATIA HOLDINGS INC STREET ADDRESS 7101 ATCO DRIVE C17Y-ST-2IP CITY-ST-70P FORT WORTH TX DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF COCUMENT # STREET ADDRESS NAME STREET ADDRESS CATY-\$1-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ACCRESS CITY - ST - ZIP CITY-57-21P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this liling 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

FILED

817-595-2894