## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE: RAMESH BHATIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Feb 26, 2007 08:00 All Secretary of State DOCUMENT # B01000000232 • ... 1. Entity Name BHATIA PROPERTIES, LTD. Principal Place of Business Mailing Address 7101 ATCO DRIVE 7101 ATCO DRIVE FT WORTH TX 76118-7029 ..... FT WORTH TX 76118-7029 . . n ar 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 75-2833832 Not Applicable Ζıp Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 2407 WILLIAMETTE DRIVE PLANT CITY FL 33566 City Zip Code 8. The above named ontity 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. FILE NOW!!! Fee is \$500; \*\*\* After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME BHATIA, RAMESH STREET ADDRESS 7101 ATCO DRIVE CITY-ST-ZIP CITY-SI-ZIP FORT WORTH TX DOCUMENT # F01000003248 STREET ADDRESS NAME BHATIA HOLDINGS INC 000000649520 03/07/07-80052-016 500.00 STREET ADDRESS 7101 ATCO DRIVE CITY S1-7IP CITY-ST-7IP FORT WORTH TX DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this roport 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

817-595-2894

Date