2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

STAPLE CHECK HERE

SIGNATURE: RAMESH BHATIA

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED Mar 20, 2008 08:00 Al DOCUMENT # B01000000232 1. Enuty Name **Secretary of State** 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scille, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 4. FEi Number 75-2833832 Not Applicable Zin Country Z·ρ 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 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 trame of registered agent and uneral opplication DATE. FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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. DOCUMENT # STREET ADDRESS NAME BHATIA, RAMESH STREET ADDRESS 7101 ATCO DRIVE CITY-ST-ZIP *U000000864950* CITY-ST-ZIP FORT WORTH TX 04/07/08-80008-004 500.00 DOCUMENT # F01000003248 STREET ADDRESS MAMP BHATIA HOLDINGS INC STREET ADDRESS 7101 ATCO DRIVE CITY-ST-ZIP CHY-SI-7P FORT WORTH TX DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CUY-ST-76 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 14. Thereby 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 due 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