2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007

DOCUMENT # B06000000362

1. Entity Name

SHYAM FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:29

Principal Place of Business	Mailing Address
27242 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543	27242 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543

2nd MOORE CR2E003 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	28444 Tuppa PA.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Wesley Chapel,
Zip / Country	Zip: F.L. / Country: 33545

4. FEI Number ☐ 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
LASMAN, JEFFREY M 6152 DELANCEY STATION STREET, STE 205 RIVEVIEW FL 33569	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is $500.00. ☐

File Now!!! Fee is $900.00 • Due By September 5, 2007

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 #	L05000038762	STREET ADDRESS	
NAME	SHYAM, LLC	CITY-ST-ZIP	
STREET ADDRESS	27242 HOLLYBROOK TRAIL		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		
DOCUMENT #		STREET ADDRESS	300108709773
NAME		CITY-ST-ZIP	08/28/07--01038--021 **908.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Shyam M Patel 8-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #