

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

DOCUMENT # B060000000362		
1. Entity Name SHYAM FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 27242 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543		Mailing Address 27242 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:29



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 28444 Tupper Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wesley Chapel, FL	
Zip	Country	Zip F.I.	Country 33545

2nd MOORE

CR2E003 (4/07)

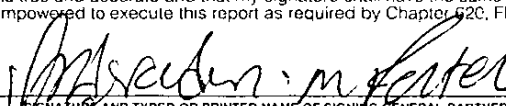
6. Name and Address of Current Registered Agent LASMAN, JEFFREY M 6152 DELANCEY STREET, STE 205 RIVEVIEW FL 33569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named 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.		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.	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable		DATE _____	
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			

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:  **8-2-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE