

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # B07000000098

1. Entity Name
AMAR FAMILY LIMITED PARTNERSHIP, L.P.



FILED

08 AUG -4 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07272008 Chg-LP CR2E003 (12/06)

4. FEI Number 31-1557135 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESAI, AMAR
1300 BENJAMIN FRANKLIN DRIVE
BEACH RESIDENCES UNIT 808
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 AMAR DESAI
Signature, typed or printed name of registered agent and title if applicable.

DATE 8/27/08

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 #	DESAI, AMAR	STREET ADDRESS	
NAME	1300 BENJAMIN FRANKLIN DRIVE	CITY-ST-ZIP	200133871452
STREET ADDRESS	SARASOTA, FL 34236		08/01/08--01048--003 **500.00
CITY-ST-ZIP			
DOCUMENT #	DESAI, PAULOMI	STREET ADDRESS	
NAME	1300 BENJAMIN FRANKLIN DRIVE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34236		
CITY-ST-ZIP			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

AMAR DESAI

8/27/08

802-457-3836