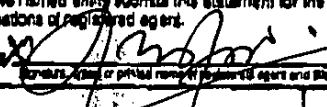
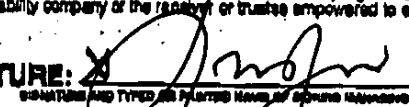


Apr 28 2005 8:30PM Sonu Shukla, CPH

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90021 048 ***150.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # 204000076478			
1. Entity Name NU PROPERTY PARTNERS LLC 318 Belhaven Falls Dr, Ocoee FL 34761			
Principal Place of Business 318 BELHAVEN FALLS DRIVE OCCOE, FL 34761 US		Mailing Address 318 BELHAVEN FALLS DRIVE OCCOE, FL 34761 US	
2. Principal Place of Business		3. Mailing Address	
Supt. Apt. #, etc.		Supt. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CHOPRA, RAJAT 318 BELHAVEN FALLS DRIVE OCCOE, FL 34761		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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: 4/30/05			
Filing Fee is \$80.00 Due by May 1, 2005			
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOPRA, RAJAT 318 BELHAVEN FALLS DRIVE OCCOE, FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAMEE UMARALLY 2649 Hoffman Dr. Ocala FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	USHA SARYADEVA 3611 SW 34th Street # 215 Gainesville FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATEESH MANDAVA 3611 SW 34th Street # 215 Gainesville FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		4/30/05	