



**State of California  
Secretary of State**

**CERTIFICATE OF LIMITED PARTNERSHIP**

A \$70.00 filing fee must accompany this form.

**IMPORTANT – Read instructions before completing this form.**

File # 20072250003

**FILED**  
In the office of the Secretary of State  
of the State of California

**JUL 17 2007**

This Space For Filing Use Only

**ENTITY NAME** (End the name with the words "Limited Partnership" or the abbreviation "L.P.")

1. NAME OF LIMITED PARTNERSHIP  
Anand Enterprises LP

**PRINCIPAL EXECUTIVE OFFICE ADDRESS** (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2. STREET ADDRESS	CITY AND STATE	ZIP CODE
1510 N 1st Street	San Jose CA	95112

**COUNTY INFORMATION** (Complete Item 3 only if the limited partnership was formed in California prior to July 1, 1984 and has elected to be governed by the California Revised Limited Partnership Act.)

3. THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON \_\_\_\_\_ WITH THE RECORDER  
OF \_\_\_\_\_ COUNTY. FILE OR RECORDATION NUMBER \_\_\_\_\_

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and both items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS  
Prakash J Patel

5. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA	CITY	STATE	ZIP CODE
1510 N 1st Street	San Jose	CA	95112

**GENERAL PARTNERS** (Enter the names and addresses of all of the general partners. Attach additional pages, if necessary.)

6a. NAME	ADDRESS	CITY AND STATE	ZIP CODE
Lotus Management Inc.	P O Box 41160	San Jose CA	95160
6b. NAME	ADDRESS	CITY AND STATE	ZIP CODE

**GENERAL PARTNER SIGNATORY REQUIREMENTS**

7. INDICATE THE NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER, DISSOLUTION, CONTINUATION, CANCELLATION AND CONVERSION OR DOCUMENTS CONTAINING A STATEMENT OF CONVERSION. 1

**ADDITIONAL INFORMATION**

8. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS CERTIFICATE.

**EXECUTION**

9. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

<u>Prakash J Patel - President of Lotus Management (General Partner)</u>	<u>7/16/07</u>
SIGNATURE OF AUTHORIZED PERSON	DATE
_____	_____
SIGNATURE OF AUTHORIZED PERSON	DATE

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

**RETURN TO** (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

10. NAME [ ]  
FIRM  
ADDRESS  
CITY/STATE/ZIP [ ]