

LLP FORM NO. 11

Note - All fields marked in * are to be mandatorily filled.

1.(a) *Annual return made upto 31st day of March of Year

(b) *Start date of financial year for which annual return is being filed (DD/MM/YYYY)

2. *Limited Liability Partnership identification number (LLPIN)

3. Name of the Limited Liability Partnership (LLP)

4. (a) Address of the registered office of the LLP

(b) * e-mail ID

5. Other address if declared under section 13(2) for service of documents

6. *Business Classification

7. Principal business activities of the LLP

8. Details as on 31st March of the period for which annual return is being filed

(a). Total number of designated partners	<input type="text" value="2"/>	(b). Total number of partners	<input type="text" value="1"/>
(c). Total obligation of contribution of partners of the LLP (in Rs.)	<input type="text" value="9900000"/>		
(d). *Total contribution received by all partners of the LLP (in Rs.)	<input type="text" value="9900000"/>		

Note: 'Contribution received' to be entered in corresponding Form 8 should be same as the value entered in field 8(d) above.

9. Service request number (SRN) of the partners' details validated through the screen (if applicable)

10. Details of individual(s) as partners

1

Designation

Pre-Fill

Designated Partner Identification number (DPIN)/ Income tax permanent account number (Income-tax PAN)/ Passport number

Name

Father's Name

Permanent Residential Address

Present residential address

Nationality

Date of Appointment

(DD/MM/YYYY)

Date of Cessation

(DD/MM/YYYY)

Date of change in designation

(DD/MM/YYYY)

Previous Designation

Previous Name, if any

Obligation of contribution(in Rs.)

Contribution received and accounted for (in Rs.)

*Whether resident in India

Yes

No

Number of limited liability partnership(s) in which he/she is a partner

Number of Company(s) in which he/she is a director

11. Details of bodies corporate as partners

1	Type of body corporate	Company	Pre-Fill
	Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number		
	Name of the body corporate	ELAKSHI COMMERCIALS PRIVATE LIMITED	
	Full address of the registered office or principal place of business in India	84-A, MITTAL COURT, 8TH FLOOR, 224, NARIMAN POINT, MUMBAI Maharashtra 400021	
	Country where registered	INDIA	
	Obligation of contribution (in Rs.)	99000	Contribution received and accounted for (in Rs.) 99000
	Name and particulars of person signing on behalf of body corporate as nominee		
	Category		
	DPIN/ Income-tax PAN/ Passport number		
	Name		
	Father's Name		
	Permanent Residential Address		
	Present residential address		
	Nationality		
	Date of Appointment		(DD/MM/YYYY)
	Date of Cessation		(DD/MM/YYYY) Date of change in designation
	Previous Designation		(DD/MM/YYYY)
	Previous Name, if any		
	*Whether resident in India	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Number of limited liability partnership(s) in which he/she is a partner	0	
	Number of Company(s) in which he/she is a director	17	

2

Type of body corporate

Company

Pre-Fill

Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

[Empty text box]

Name of the body corporate

FUTURA COMMERCIALS PRIVATE LIMITED

Full address of the registered office or principal place of bussiness in India

84-A, MITTAL COURT, 8TH FLOOR,
224, NARIMAN POINT,
MUMBAI
Maharashtra
400021

Country where registered

INDIA

Obligation of contribution

99000

(in Rs.)

Contribution received and accounted for

99000

(in Rs.)

Name and particulars of person signing on behalf of body corporate as nominee

Category

[Empty text box]

DPIN/ Income-tax PAN/ Passport number

[Empty text box]

Name

[Empty text box]

Father's Name

[Empty text box]

Permanent Residential Address

[Empty text box]

Present residential address

[Empty text box]

Nationality

[Empty text box]

Date of Appointment

[Empty text box]

(DD/MM/YYYY)

Date of Cessation

[Empty text box]

(DD/MM/YYYY)

Date of change in designation

[Empty text box]

(DD/MM/YYYY)

Previous Designation

[Empty text box]

Previous Name, if any

[Empty text box]

*Whether resident in India

Yes

No

Number of limited liability partnership(s) in which he/she is a partner

0

Number of Company(s) in which he/she is a director

18

3

Type of body corporate

Company

Pre-Fill

Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

Name of the body corporate

PINAKIN COMMERCIALS PRIVATE LIMITED

Full address of the registered office or principal place of bussiness in India

Mittal Court, Wing-A, 84, Floor No. 8,
224, Nariman Point,
Mumbai
Maharashtra
400021

Country where registered

INDIA

Obligation of contribution

9702000

(in Rs.)

Contribution received and accounted for

9702000

(in Rs.)

Name and particulars of person signing on behalf of body corporate as nominee

Category

DPIN/ Income-tax PAN/ Passport number

Name

Father's Name

Permanent Residential Address

Present residential address

Nationality

Date of Appointment

2/23/13

(DD/MM/YYYY)

Date of Cessation

(DD/MM/YYYY)

Date of change in designation

(DD/MM/YYYY)

Previous Designation

Previous Name, if any

*Whether resident in India

Yes

No

Number of limited liability partnership(s) in which he/she is a partner

0

Number of Company(s) in which he/she is a director

17

Note: Provide the detail of the LLPs (LLPIN and name of LLP) and companies (CIN, DIN and name of company) as an attachment.

12. Summary of designated partner(s)/partner(s) as on 31st March of the period for which annual return is being filed

S.No.	Category	Number of Partners	Number of Designated Partners		Total
			Resident in India	Others	
(i)	Individuals	0	0	0	0
(ii)	LLPs	0	0	0	0
(iii)	Companies	1	2	0	3
(iv)	Foreign LLPs	0	0	0	0
(v)	Foreign Companies	0	0	0	0
(vi)	LLPs incorporated outside India	0	0	0	0
(vii)	Companies incorporated outside India/ Companies registered in Sikkim	0	0	0	0
	Total	1	2	0	3

13. Particulars of penalties imposed on the :

(i) Limited liability partnership

Number of rows required

Section Number	Offence	Penalty Imposed
1		

(ii) Partners / Designated partners

Number of rows required

DPIN/ Income-tax PAN/ Passport number	Name of Partner / Designated Partner	Name of Nominee in case of Body Corporate	Section Number	Offence	Penalty Imposed
1					

14. Particulars of compounding offences

Number of rows required

Section Number	Offence	Date of Compounding of offence
1		

15. *Whether turnover of the LLP exceeds 5 crores

Yes

No

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

- 1. Details of LLP and/ or company in which partner/ designated partner is a director/ partner
- 2. Optional attachment(s) - if any

Attach

Attach

List of attachments

Remove attachment

Verification

* To the best of my knowledge and belief, the information given in this form and its attachment is correct and complete.

To be digitally signed by Designated partner

*DPIN of the designated partner

Certificate

I certify that Annual Return contains true and correct information.

To be digitally signed by Designated partner

DPIN of the designated partner

OR

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

KARUNA COMMERCIALS LLP

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

Company Secretary in practice

Certificate of Practice Number

Whether associate or fellow Associate Fellow

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.