

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G.A.R.7

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Service Request Date:
15/07/2022

SRN Date: 07/14/2022 13:43:23

RECEIVED FROM:

Name: SHRUTI AGARWAL

Address: Hyderabad, , Amberpet, Amberpet, Telangana, 500013

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN: AAG-4696

Name: MODI REALTY (GAGILLAPUR) LLP

Address: 5-4-187/3&4, SOHAM MANSION, M.G. ROAD, SECUNDERABAD, , Hyderabad, Hyderabad, Telangana, 500003

FULL PARTICULARS OF REMITTANCE

Service Type: eFiling

Service Description	Type of Fee	Amount (Rs.)
Fee for LLP Form 11	Normal	50
	Additional	0
Total		50

Mode of Payment: Internet Banking

Received Payment Rupees: Fifty Rupees Only.

Note: The defects or incompleteness in any respect in this application as noticed shall be placed on the Ministry's website(www.mca.gov.in). In case the application is marked as RSUB, please resubmit the application within the due date. Please track the status of your transaction at all times till it is finally disposed off. (please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014)



LLP Form No. 11

Annual Return of Limited Liability Partnership (LLP)
[Pursuant to rule 25(1) of Limited Liability Partnership Rules, 2009]

Form language

☒ English ☐ Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory.

LLP details

1 (a) *Financial year (From date) (DD/MM/YYYY)	01/04/2021
(b) *Financial year (To date) (DD/MM/YYYY)	31/03/2022
2 *Limited Liability Partnership identification number (LLPIN)	AAG-4696
3 (a) *Name of the Limited Liability Partnership (LLP)	MODI REALTY (GAGILLAPUR) LLP
(b) *Address of the registered office of the LLP	5-4-187/3&4, SOHAM MANSION, M.G. ROAD, SECUNDERABAD, Hyderabad, Hyderabad, d, Telangana, 500003, India
(c) *Jurisdiction of Police Station for the registered office	Ramgopalpet Police Station
(d) Other address if declared under section 13(2) for service of documents	
(e) Jurisdiction of Police Station for the other address	
(f) *e-mail ID	roc@modiproperties.com
4 *Business Classification (Business/ Profession/Service/Occupation/Others)	Business
5 *Principal business activities of the LLP	45
6 *Details as on 31st March of the period for which annual return is being filed	
(a) *Total number of designated partners	1
(b) *Total number of partners	1
(c) *Total obligation of contribution of partners of the LLP (in Rs.)	100000
(d) *Total contribution received from all the partners of the LLP (in Rs.)	40000

Individual Partner details

7. *Detail of individual(s) as partners

(a) *Designation	Designated Partner
(b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number	07739186
(c) *Name	ANAND KUMAR BHASHYAKARLA
(d) *Date of Appointment (DD/MM/YYYY)	01/03/2017
(e) Date of Cessation (DD/MM/YYYY)	
(f) Date of change in designation(DD/MM/YYYY)	
(g) Previous Designation	
(h) Previous Name, if any	
(i) *Obligation of contribution	20000
(j) Contribution received and accounted for	20000
(l) Number of limited liability partnership(s) in which he/she is a partner	3
(m) Number of company(s) in which he/she is a director	1
(k) Whether resident in India	☒ YES ☐ NO

(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

(o) S. no.	(p) CIN/LLPIN	(q) Name of Company/ LLP
1	U45100TG2004PTC044950	DR. N.R.K. BIO-TECH PRIVATE LIMITED
2	AAN-1502	MODI CONSTRUCTIONS & REALTORS LLP
3	AAM-1856	MODI REALTY POCHARAM LLP
4	AAG-4696	MODI REALTY (GAGILLAPUR) LLP

(a) *Designation	Partner
(b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number	01913195
(c) *Name	KIRAN KUMAR NAREDDY

(d) *Date of Appointment (DD/MM/YYYY)	01/03/2017
(e) Date of Cessation (DD/MM/YYYY)	
(f) Date of change in designation(DD/MM/YYYY)	
(g) Previous Designation	
(h) Previous Name, if any	
(i) *Obligation of contribution	20000
(j) Contribution received and accounted for	20000
(l) Number of limited liability partnership(s) in which he/she is a partner	1
(m) Number of company(s) in which he/she is a director	2
(k) Whether resident in India	☒ YES ☐ NO

(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

(o)	(p)	(q)
S. no.	CIN/LLPIN	Name of Company/ LLP
1	U26101TG1991PTC012326	KRISHNA SAI AMPOULER AND VEILS PRIVATE LIMITED
2	U72200TG1988PTC008869	PARITY SYSTEMS PVT LTD.
3	AAG-4696	MODI REALTY (GAGILLAPUR) LLP

Body Corporate details

(a) *Type of body corporate

(b) *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

(c) *Name of the body corporate

(d) *Full address of the registered office or principal place of business in India

(e) *Country where registered

(f) *Obligation of contribution

(g) Contribution received and accounted for

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

(i) *Name

(j) *DPIN/ Income-tax PAN/ Passport number

(k) *Designation

(l) *Date of Appointment(DD/MM/YYYY)

(m) Date of Cessation (DD/MM/YYYY)

(n) Date of change in designation (DD/MM/YYYY)

(o) Previous Designation

(p) Previous Name, if any

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

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

(q) Whether resident in India

☐ YES

☐ NO

(t) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

8. Details of bodies corporate as partners

(u) S. no.	(v) CIN/LLPIN	(w) Name of Company/ LLP

Summary of Partner/ Designated Partner

9 *Summary of designated partner/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		
			Resident in India	Others	Total
a	Individuals	1	1	0	2
b	LLPs	0	0	0	0
c	Companies	0	0	0	0
d	Foreign LLPs	0	0	0	0
e	Foreign companies	0	0	0	0
f	LLPs incorporated outside India	0	0	0	0
g	Companies incorporated outside India/ Companies registered in Sikkim	0	0	0	0
	Total	1	1	0	2

Penalty details

10 *Particulars of penalties imposed on the:

(i) *Limited liability partnership

(a) Number of rows required

0

(b) Section Number	(c) Offence	(d) Penalty Imposed

(ii) *Partners / Designated partners

(a) Number of rows required

0

(f)	(g)	(h)	(i)	(j)	(k)
DPIN/ Income tax PAN/ passport number	Name of Partner / Designated Partner	Name of Nominee in case of body corporate	Section Number	Offence	Penalty Imposed

Compounding Offence details

11 *Particulars of compounding offences

(a) Number of rows required

0

(b)	(c)	(d)
Section Number	Offence	Date of compounding of offence (DD/MM/YYYY)

12 *Whether turnover of the LLP exceeds 5 crores

☐ Yes

☒ No

Attachments

13 Optional attachment(s) - if any

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

Bhashyak
Digitally signed by
arfa Anand
Kumar
Date: 2022.07.14
12:42:28 +05'30'

Particulars of the person signing and submitting the form

*Name

Anand Kumar Bhashyakarla

*Designation

(Designated Partner/Liquidator/ Interim Resolution Professional (IRP)/
Resolution Professional (RP)/LLP Administrator)

Designated Partner

* DPIN of the designated partner/ Income-tax PAN in case of Interim Resolution
Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator

07739186

Certificate

☒ I certify that Annual Return contains true and correct information.

To be digitally signed by Designated
Partner

Bhashyak
arla Anand
Kumar
Digitally signed by
Anand Kumar
Date: 2022.07.14
13:43:45 +05'30'

DPIN of the designated partner

07739186

OR

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

MODI REALTY (GAGILLAPUR) 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

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

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

For office use only:

e-Form Service request number (SRN)

e-Form filing date (dd/mm/yyyy)
