## MINISTRY OF CORPORATE AFFAIRS RECEIPT

G.A.R.7

M27090621/ BharatKoshOrderId :1-377551118

Service Request Date:

11/07/2022

SRN Date: 06/30/2022 17:55:44

RECEIVED FROM:

Name:

SHRUTI AGARWAL

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

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN:

AAN-2801

Name:

EAST SIDE RESIDENCY ANNOJIGUDA LLP

Address: 5-4-187/3&4, soham mansion, M.G road, , secunderabad, 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	

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

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)	AAN-2801
3 (a) *Name of the Limited Liability Partnership (LLP)	EAST SIDE RESIDENCY ANNOJIGUDA
(b) *Address of the registered office of the LLP	5-4-187/3&4, soham mansion, M.G
(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	2
(b) *Total number of partners	0
(c) * Total obligation of contribution of partners of the LLP (in Rs.)	1.00000
(d) * Total contribution received from all the partners of the LLP (in Rs.)	100000

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	01314936
(c) *Name	ANAND SURESH MEHTA
(d) *Date of Appointment (DD/MM/YYYY)	14/09/2018
(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	25000
(j) Contribution received and accounted for	25000
(I) Number of limited liability partnership(s) in which he/she is a partner	6
(m) Number of company(s) in which he/she is a director	3
(k) Whether resident in India	© YES C NO
(n) Details ofcompany(s)/ LLP(s) in which partner/ designated partner is a director/ partner.	artner

Individual Partner details

(0)	(p)	(q)
1	U70109MH2020PTC349934	TRED PROPTECH PRIVATE LIMITED
2	U74999TG2016PTC110038	MEHTA PROPPROPERTY ONLINE PRIVATE LIMITED .
3	U27109TG2002PTC039529	DILPREET TUBES PRIVATE LIMITED
4	AAZ-8183	MEHTA & REDDY FARMS LLP
5	AAR-4619	MEHTA GENOME VALLEY LIFE SCIENCES LLP
6	AAN-2987	MEHTA & MODI REALTY KOWKUR LLP
7	AAN-2801	EAST SIDE RESIDENCY ANNOJIGUDA LLP
8	AAL-1319	MODI REALTY MALLAPUR LLP
9	AAC-6185	VILLA ORCHIDS LLP

Body Corporate details	
(a) *Type of bo dy corporate	Company
(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	MODI PROPERTIES PRIVATE LIMITED
(d) *Full address of the registered office or principal place of business in India	5-4-187/3&4, SOHAM MANSION,2ND
(e) *Country where registered	FLOOR, M.G. ROAD SECUNDERABAD
(f) *Obligation of contribution	75000
(g) Contribution received and accounted for	75000
(h) Name and particulars of person signing on behalf of body corporate as nominee	,
(i) *Name	SOHAM SATISH MODI
(j) *DPIN/ Income-tax PAN/ Passport number	00522546
(k) *Designation	Designated Partner
(I) *Date of Appointment(DD/MM/YYYY)	14/09/2018
(m) Date of Cessation (DD/MM/YYYY)	-
(n) Date of change in designation (DD/MM/YYYY)	
(o) Previous Designation	
(n) Previous Namo if any	

(t) Details  $of \omega$ mpany(s)/ LLP(s) in which partner/ designated partner is a director/ partner

(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

8. Details of bodies corporate as partners

(q) Whether resident in India

(u)	(v)	(w)	
S. no.	CIN/LLPIN	Name of Company/ LLP	
1	AAY-3923	MODI REALTY LG MALAKPET LLP	
2	AAJ-1117	MODI REALTY GENOME VALLEY LLP	
3	AAF-7728	MODI REALTY (MIRYALAGUDA) LLP	
4	AAZ-0502	VISTA VIEW LLP	
5	AAM-0691	MODI REALTY VIKARABAD LLP	
- 6	AAQ-4412	MATRIX REAL ESTATES CONSULTANTS LLP	
7	4 V 0022	MODI DENLTV ODENTODOLIS I I D	

YES

CNO

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

	1	2	Number of Desig	nated Partners	
S. No.	Category	Number of partners	Resident in India	Others	Total
а	Individuals	0	1	0	1
b	LLPs	0	0	0	0
С	Companies	0	1	0	1
d	Foreign LLPs	0	0	0	0
е	Foreign companies	0	0	0	0
f	LLPs incorporated outside India	0	0	0	0
9	Companies incorporated outside India/ Companies registered in Sikkim	0.	0	0	0
	Total	0	2	0	2

Penalty	details

10 *Particulars of	penalties imposed	on the:
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111	41 1 11	
(I)	"Limited	liability partnership

(a)	Num	bernf	TOME	rogi	iirod
(a)	Nulli		I I IVV	1001	111 (2/1

0			
U			

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

	(a) Number of rows required			0		
				10		
(b)	(c)	(d)	(e)	(f)	(g)	
DPIN/ Income tax PAN/ passport number	Name of Partner / Designated Partner	Name of Nominee in case of body corporate	Section Number	Offence	Penalty Imposed	
ompounding Offence tails *Particulars of com		ces				
) Number of rows req	uired			0		
(b)	(c)		(d)			
Section Number	Offei	nce		compoundin 1/YYYY)	g of offence	
	*					
	of the LLP exceed	ds 5 crores	CYes	9	No     No	
		ds 5 crores	Yes	3	No     No	
Attachments		ds 5 crores	Yes	3	No     No	
Attachments			CYes	•	€ No	
					€ No	
Attachments  13 Optional attachments  erification	nent(s) - if any			and its attach	ment is correct and complete.	

Particulars of the person signing and submitting the form		1	
*Name		Soham Satish Modi  Designated Partner	
*Designation (Designated Partner/Liquidator/ Interim Resolution Professional (IRP)/ Resolution Professional (RP)/LLP Administrator)			
* DPIN of the designated partner/ Income-tax PAN in case of Interim Resolution Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator		00522546	
Certificate			
□ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct information     □ Certify that Annual Return contains true and correct true and	ion.		
To be digitally signed by Designated Partner	Anand Dooley spore by American Surgsh Mehata 192-96 900 30 000 1921-69 900 30		
DPIN of the designated partner		01314936	
OR			
It is hereby certified that I have verified the above particulars (includ	ing attachment(s	s)) from the records of	
EAST SIDE RESIDENCY ANNOJIGUDA LLP and found them to be true	e and correct. I fu	rther certify that all the	erequired
attachment(s) have been completely attached to this form.			
Company Secretary in practice			
Certificale of Practice number			
*Whet he associate or fellow:		← Fellow	
Note: Attention is drawn to provisions of Section 448 and 449 which and punishment for false evidence respectively.	h provide for pu	ınishment for false st	atement / certificate
This e Furn has been taken on file maintained by the registrar of co staternat of correctness given by the company	ompanies throug	gh electronic mode ar	nd on the basis of

For office use only:		
e-Form Service request number (SRN)		
e-Form filing date (dd/mm/yyyy)		
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