MINISTRY OF CORPORATE AFFAIRS RECEIPT

G.A.R.7

Service Request Date:

M27057148/ BharatKoshOrderId :1-312626900 SRN:

SRN Date: 06/24/2022 16:17:34

24/06/2022

RECEIVED FROM:

Name:

SHRUTI AGARWAL

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

ENTITY ON WHOSE BEHALF MONEY IS PAID

LLPIN/CIN:

AAG-2108

Name:

SILVER OAK VILLAS 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	Ę	

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 pla ced 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 in Struction kit for filing the form

All field marked in * are mandatory.

LLP de tails	
1 (a) *Financial year (From date) (DD/MM/YYYY)	01/04/2021
(b) *Financial year (To date) (DD/MM/YYYY)	31/03/2022
2 *Limi ted Liability Partnership identification number (LLPIN)	AAG-2108
3 (a) *N ame of the Limited Liability Partnership (LLP)	SILVER OAK VILLAS LLP
(b) *A ddress of the registered office of the LLP	5-4-187/3&4, SOHAM MANSION, M.G. ROAD,
(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) Ju r isdiction of Police Station for the other address	
(f) *e-mail ID	roc@modiproperties.com
4 *Busi ness Classification (Business/Profession/Service/Occupation/Others)	Business
5 *Prin cipal business activities of the LLP	45
6 *Det ails 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	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.)	100000

Individual Partner details

(k) Whether resident in India

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	00522546
(c) *Name	SOHAM SATISH MODI
(d) *Date of Appointment (DD/MM/YYYY)	21/04/2016
(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	80000
(j) Contribution received and accounted for	80000
(I) Number of limited liability partnership(s) in which he/she is a partner	21
(m) Number of company(s) in which he/she is a director	11

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

(o)	(p)	(q)
1	AAY-3923	MODI REALTY LG MALAKPET LLP
2	AAF-7728	MODI REALTY (MIRYALAGUDA) LLP
3	AAJ-1117	MODI REALTY GENOME VALLEY LLP
4	AAM-0691	MODI REALTY VIKARABAD LLP
5	AAZ-0502	VISTA VIEW LLP
6	AAQ-4412	MATRIX REAL ESTATES CONSULTANTS LLP
7	AAX-9032	MODI REALTY CREATOPOLIS LLP
8	AAP-1177	AEDIS DEVELOPERS LLP Page 2 o
	1111007	AACIITA A AAODI DEALTYIYOVAWAIDI I D

YES

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Body Corporate details	
(a) *Type of body 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	U45200TG2002PTC040192
(c) *Name of the body corporate	MODI HOUSING PRIVATE LIMITED
(d) *Full address of the registered office or principal place of business in India	5-4-187/3&4, 3RD FLOOR, SOHAM MANSION, M.G.ROAD, SECUNDERABAD-3.
(e) *Country where registered	
(f) *Obligation of contribution	10000
(g) Contribution received and accounted for	10000
(h) Name and particulars of person signing on behalf of body corporate as nominee	
(i) *Name	TEJAL SOHAM MODI
(j) *DPIN/Income-tax PAN/ Passport number	06983437
(k) *Designation	Designated Partner
(I) *Date of Appointment(DD/MM/YYYY)	21/04/2016
(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	4
(s) Number of company(s) in which he/she is a director	3
(q) Whetherresident in India	© YES C NO

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

8. Details of bodies corporate as partners

S. no.	CIN/LLPIN	Name of Comp	pany/ LLP		
1	AAF-7728	MO	DI REALTY (MIRYALAGUDA) LLP		
2	AAG-2108		SILVER OAK VILLAS LLP		
3	U70109TG2019PTC137599	GVSH MANU	FACTURING FACILITIES PRIVATE LIMITED		
4	U45200TG2002PTC040192	M	ODI HOUSING PRIVATE LIMITED		
5	U65993TG1994PTC017795	MO	DI PROPERTIES PRIVATE LIMITED		
6	AAW-6711		N SQUARE LIFESCIENCES LLP		
7	AAC-3606		SUMMIT SALES LLP		
(a) *Type of bod	y corporate	T	Company		
or Limited liabili liability partners number	dentity number (CIN) or Foreign company regis ity partnership identification number (LLPIN) or ship identification number (FLLPIN) or any othe	r Foreign Limited	U65993TG1994PTC017795		
(c) *Name of the	e body corporate		MODI PROPERTIES PRIVATE LIMITED		
(d) *Full address	s of the registered office or principal place of bo	usiness in India	5-4-187/3&4, SOHAM MANSION,2ND FLOOR, M.G. ROAD SECUNDERABAD		
(e) *Country wh	nere registered				
(f) *Obligation	of contribution		10000		
(g) Contributio	n received and accounted for		10000		
(h) Name andp	articulars of person signing on behalf of body	corporate as nominee			
(i) *Name			KANAKA RAO GUMMADI		
(j) *DPIN/ Incom	me-tax PAN/ Passport number		07489578		
(k) *Designation	on	,	Partner		
(I) *Date of Ap	pointment(DD/MM/YYYY)		21/04/2016		
(m) Date of Ce	essation (DD/MM/YYYY)				
(n) Date of the	ange in designation (DD/MM/YYYY)		·		
(o) Previous	esignation	5			
(p) Previoui	Jame, if any				
(r) Numberof	Flimited liability partnership(s) in which he/she	is a partner	1		
(s) Number	f company(s) in which he/she is a director		þ		
	resident in India		© YES C NO		

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

(w)

(u)

(v)

8. Details of bodies corporate as partners

(u) S. no.	(v) CIN/LLPIN	(w) Name of Company/ LLP		
1	AAG-2108	SILVER OAK VILLAS 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

iled		*	Number of Desigr		
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	1	1	0	2
d	Foreign LLPs	0	0	0	0
е	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

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Penal	Ity	de.	aı	S

10	*Particulars	penalties im	posed on the:
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Total

(1	*	imi	tec	lliah	ility	part	ners	hip
- 1	"	-			III CLL	/III L Y	Duit	11013	1111

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(b)	(c)	(d)
Section Number	Offence	Penalty Imposed
	2 2 3	

(a) Number of rows required				0				
(b)	(c)	(d)		(e)		(f)	(g)	
DPIN/ Income tax PAN/ passport number	Name of Partner / Designate Partner		nee in case · ly	Section Num	nber	Offence	Penalty Imposed	
npounding Offence ails Particulars of com		offences						
Number of rows req	uired			e s		0		
b)		(c)		(d	1)			
77 24 V75/8C		Offence	nce .		Date of compounding of offence (DD/MM/YYYY)			
2 *Whether turnover	of the LLP (exceeds 5 crores		C Ye	S		€ No	
2 *Whether turnover Attachments	of the LLP 6	exceeds 5 crores		C Ye	S		€ No	
	ž			C Ye	S		€ No	
Attachments	ž			C Ye	S		€ No	
Attachments	ž			CYe	S		€ No	
Attachments	ž			6	S		€ No	
Attachments 13 Optional attachm	ž			6			€ No	
Attachments 13 Optional attachments erification	nent(s) - if ar	ny				and its attac	hment is correct and co	mplete.

me	Soham Satish Modi
signation signated Partner/Liquidator/ Interim Resolution Professional (IRP) colution Professional (RP)/LLP Administrator)	Designated Partner
PIN of the designated partner/ Income-tax PAN in case of Ir ofessional (IRP)/Resolution Professional (RP)/Liquidator/LLP	nterim Resolution Administrator 00522546
ertificate	
✓ I certify that Annual Return contains true and correct inf	Ormation. Tejal Dyslands Named by Trial Model Modil Description 24 Modil 19 11 19 19 27
To be digitally signed by Designated Partner	
DPIN of the designated partner	06983437
OR	
It is hereby certified that I have verified the above particulars	
☐ It is hereby certified that I have verified the above particulars	(including attachment(s)) from the records of be true and correct. I further certify that all the required
It is hereby certified that I have verified the above particulars	
It is hereby certified that I have verified the above particulars and found them to	
It is hereby certified that I have verified the above particulars and found them to attachment(s) have been completely attached to this form.	
It is hereby certified that I have verified the above particulars and found them to attachment(s) have been completely attached to this form. Company Secretary in practice	
It is hereby certified that I have verified the above particulars and found them to attachment(s) have been completely attached to this form. Company Secretary in practice Certificate of Practice number *Whether associate or fellow: Note: Attention is drawn to provisions of Section 448 and 4 and punishment for false evidence respectively.	be true and correct. I further certify that all the required

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