

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                    |                                                                              |                                                                                                                   |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>DOCUMENT # A99000000173</b><br>1. Entity Name<br><b>THE HWANG FAMILY LIMITED PARTNERSHIP</b>                                                                                                                                                                                                                                                                                                                                                                                             |                          |                    |                                                                              |                                  |                           |
| Principal Place of Business<br><b>3050 N.E. 47TH STREET<br/>FORT LAUDERDALE FL 33308</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    | Mailing Address<br><b>3050 N.E. 47TH STREET<br/>FORT LAUDERDALE FL 33308</b> |                                                                                                                   |                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 3. Mailing Address |                                                                              |                                                                                                                   |                           |
| Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Suite, Apt #, etc. |                                                                              |                                                                                                                   |                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | City & State       |                                                                              |                                                                                                                   |                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                  | Zip                | Country                                                                      |                                                                                                                   |                           |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                    |                                                                              | 7. Name and Address of New Registered Agent                                                                       |                           |
| <b>HWANG, HUA-MEI<br/>3050 N.E. 47TH STREET<br/>FORT LAUDERDALE FL 33308</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                                                                              | Name _____<br>Street Address (P O. Box Number is Not Acceptable) _____<br><br>City _____ <b>FL</b> Zip Code _____ |                           |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                               |                          |                    |                                                                              |                                                                                                                   |                           |
| SIGNATURE _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable)</small>                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                                                                              |                                                                                                                   |                           |
| 9. Capital Contributions as Shown on record.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | \$4,144,655.00     |                                                                              | 10. Amount of Capital Contributions in FLORIDA to date.                                                           |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                    |                                                                              | 4,144,655.00                                                                                                      |                           |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                 |                          |                    |                                                                              |                                                                                                                   |                           |
| 12. GENERAL PARTNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                    |                                                                              | 13. ADDRESS CHANGES ONLY                                                                                          |                           |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P98000063050             |                    |                                                                              | STREET ADDRESS                                                                                                    | 000000209332              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HWANG FAMILY CORP.       |                    |                                                                              | CITY-ST-ZIP                                                                                                       | 02/02/05-80035-012 526.25 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3050 N.E. 47TH STREET    |                    |                                                                              |                                                                                                                   |                           |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FORT LAUDERDALE FL 33308 |                    |                                                                              |                                                                                                                   |                           |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                                                                              | STREET ADDRESS                                                                                                    |                           |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                                                                              | CITY-ST-ZIP                                                                                                       |                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                                                                              |                                                                                                                   |                           |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                                                                              |                                                                                                                   |                           |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                                                                              | STREET ADDRESS                                                                                                    |                           |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                                                                              | CITY-ST-ZIP                                                                                                       |                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                                                                              |                                                                                                                   |                           |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                                                                              |                                                                                                                   |                           |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                                                                              | STREET ADDRESS                                                                                                    |                           |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                                                                              | CITY-ST-ZIP                                                                                                       |                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                                                                              |                                                                                                                   |                           |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                                                                              |                                                                                                                   |                           |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                                                                              | STREET ADDRESS                                                                                                    |                           |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                    |                                                                              | CITY-ST-ZIP                                                                                                       |                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                    |                                                                              |                                                                                                                   |                           |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                                                                              |                                                                                                                   |                           |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes |                          |                    |                                                                              |                                                                                                                   |                           |
| SIGNATURE: <i>Hua Mei Hwang</i> <b>HUA-MEI HWANG</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>                                                                                                                                                                                                                                                                                                                                                       |                          |                    |                                                                              | 01-25-05<br><i>President/Treasurer/Secretary</i><br><small>Date</small>                                           |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                    |                                                                              | (954) 712-9382<br><small>Daytime Phone #</small>                                                                  |                           |

STAPLE CHECK HERE