


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000225	
1. Entity Name YANG OF MERRITT ISLAND, LTD.	

Principal Place of Business 1490 SOUTH OAKS DRIVE MERRITT ISLAND FL 32952	Mailing Address 1490 SOUTH OAKS DRIVE MERRITT ISLAND FL 32952
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3624729	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YANG, TYNG-LIN 1490 SOUTH OAKS DRIVE MERRITT ISLAND FL 32952	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 **4/2/04**

9. Capital Contributions as Shown on record. \$1,700,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	YANG, TYNG-LIN TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	1490 SOUTH OAKS DRIVE		
CITY - ST - ZIP	MERRITT ISLAND FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME	YANG, LI-WOAN TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	1490 SOUTH OAKS DRIVE		
CITY - ST - ZIP	MERRITT ISLAND FL 32952		
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STREET ADDRESS			
CITY - ST - ZIP			

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STAPLE CHECK HERE

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:  DATE **4/2/04** 321 258-7036