

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 6, 2006**

**FILED**  
**Jul 25, 2006 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3624729**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E003 (4/06)

6. Name and Address of Current Registered Agent

**YANG, TYNG-LIN  
1490 SOUTH OAKS DRIVE  
MERRITT ISLAND FL 32952**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.



**File Now!!! Fee is \$900.00 Due By September 6, 2006**

**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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**YANG, TYNG-LIN TRUSTEE  
1490 SOUTH OAKS DRIVE  
MERRITT ISLAND FL 32952**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**YANG, LI-WOAN TRUSTEE  
1490 SOUTH OAKS DRIVE  
MERRITT ISLAND FL 32952**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

U000000572335

07/25/06-80026-024 908.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

49-365  
-7374