


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # A00000000225 1. Entity Name YANG OF MERRITT ISLAND, LTD.	
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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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3624729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent YANG, TYNG-LIN 1490 SOUTH OAKS DRIVE MERRITT ISLAND FL 32952
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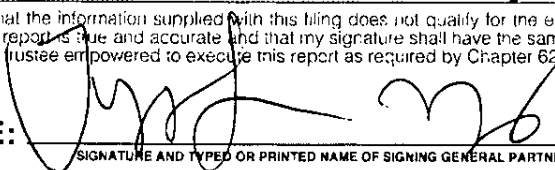
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ <small>If signature, typed or printed name of registered agent and state of applicability</small>	000000886007 04/18/08-80037-012 508.75 <small>DATE</small>
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FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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			

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 62C, Florida Statutes SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/31/08 <small>Date</small>	407-365-7374 407-365-7374 <small>Daytime Phone</small>
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STAPLE CHECK HERE