

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000041**

1. Entity Name:  
**THE TIEN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business:  
**C/O FRED E. GLICKMAN, ESQ.**  
**9200 SOUTH DADELAND BLVD., #508**  
**MIAMI, FL 33156**

Mailing Address:  
**C/O FRED E. GLICKMAN, ESQ.**  
**9200 SOUTH DADELAND BLVD., #508**  
**MIAMI, FL 33156**



03232005 Chg-LP CR2E003 (10/03)

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  
**65-0975180**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLICKMAN, FRED E ESQ.**  
**9200 SOUTH DADELAND BLVD., #508**  
**MIAMI, FL 33156**

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

(Sign and print name of registered agent and title, if applicable)

DATE

9. Capital Contributions:  
 as shown on record **\$672,705.00**

10. Amount of Capital Contributions  
 in FLORIDA to date

**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 # **P99000110950**  
 NAME **VERDES WAY, INC.**  
 STREET ADDRESS **9200 SOUTH DADELAND BLVD., #508**  
 CITY-STATE-ZIP **MIAMI, FL 33156**

STREET ADDRESS

CITY-STATE-ZIP

**000000331266**  
**04/26/05-80008-022 526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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. 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 TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/11/05 JRS-440-06**

REF: FORM 600-0000