

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 20, 2006 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**



01132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

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1100001440203
03/02/06 80031-019 500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

2/15/06 305-446-0600

STAPLE CHECK HERE