

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002323 AV

DOCUMENT # A00000000041

1. Entity Name
THE TIEN FAMILY LIMITED PARTNERSHIP



FILED

03 MAR 27 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0975180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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.

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

10. Amount of Capital Contributions in FLORIDA to date. **\$26.25**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	700014850627
CITY-ST-ZIP	03/27/03--01036--020 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
CITY-ST-ZIP	

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: SIGNATURE REQUIRED **3/20/03** **305-446-0600**

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)