


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED  
Apr 30, 2005 08:00 AM  
Secretary of State**

|   |                           |   |  |   |          |
|---|---------------------------|---|--|---|----------|
| <b>DOCUMENT # A01000000086</b>  |                           |   |  |                |          |
| 1. Entity Name<br><b>THE MUY FAMILY LIMITED PARTNERSHIP</b>   |                           |   |  |   |          |
| Principal Place of Business<br><b>3251 EAST 11TH AVENUE<br/>HIALEAH FL 33013</b>  |                           | Mailing Address<br><b>190 W. 51 STREET<br/>HIALEAH FL 33012</b> |  |   |          |
| 2. Principal Place of Business  |                           | 3. Mailing Address  |  |   |          |
| Suite, Apt #, etc.  |                           | Suite, Apt #, etc.  |  |   |          |
| City & State  |                           | City & State  |  | 4. FEI Number<br><b>03-0409564</b>  |          |
| Zip   | Country                   | Zip   | Country  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 5. Name and Address of Current Registered Agent<br><br><b>RICHMAN, SCOTT G ESQ.<br/>19 WEST FLAGLER STREET, 14TH FLOOR<br/>MIAMI FL 33130</b>   |                           |   | 7. Name and Address of New Registered Agent                |   |          |
|   |                           |   | Name   |   |          |
|   |                           |   | Street Address (P.O. Box Number is Not Acceptable)         |   |          |
|   |                           |   | City   | <b>FL</b>   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                           |   |  | DATE _____  |          |
| 9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>  |                           | 10. Amount of Capital Contributions in FLORIDA to date.         |  |   |          |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                           |   |  |   |          |
| 12. GENERAL PARTNER INFORMATION   |                           |   | 13. ADDRESS CHANGES ONLY                                   |   |          |
| DOCUMENT #  | <b>P01000004676</b>       |   | STREET ADDRESS   |   |          |
| NAME  | <b>MUY REALTY, INC.</b>   |   | CITY- ST- ZIP  |   |          |
| STREET ADDRESS  | <b>190 W. 51ST STREET</b> |   |  |   |          |
| CITY- ST- ZIP   | <b>HIALEAH FL 33012</b>   |   |  |   |          |
| DOCUMENT #  |                           |   | STREET ADDRESS   |   |          |
| NAME  |                           |   | CITY- ST- ZIP  |   |          |
| STREET ADDRESS  |                           |   |  |   |          |
| CITY- ST- ZIP   |                           |   |  |   |          |
| DOCUMENT #  |                           |   | STREET ADDRESS   |   |          |
| NAME  |                           |   | CITY- ST- ZIP  |   |          |
| STREET ADDRESS  |                           |   |  |   |          |
| CITY- ST- ZIP   |                           |   |  |   |          |
| DOCUMENT #  |                           |   | STREET ADDRESS   |   |          |
| NAME  |                           |   | CITY- ST- ZIP  |   |          |
| STREET ADDRESS  |                           |   |  |   |          |
| CITY- ST- ZIP   |                           |   |  |   |          |
| DOCUMENT #  |                           |   | STREET ADDRESS   |   |          |
| NAME  |                           |   | CITY- ST- ZIP  |   |          |
| STREET ADDRESS  |                           |   |  |   |          |
| CITY- ST- ZIP   |                           |   |  |   |          |
| DOCUMENT #  |                           |   | STREET ADDRESS   |   |          |
| NAME  |                           |   | CITY- ST- ZIP  |   |          |
| STREET ADDRESS  |                           |   |  |   |          |
| 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: <u>Wai Han Chung</u>   |                           |   | Date: <u>4/1/2005</u> Daytime Phone #: <u>305-556-2289</u> |   |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                           |   | <small>Date Daytime Phone #</small>                        |   |          |



1ST MOORE CR2E003 (10/04)

**FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

**00000345270  
04/30/05-80029-008 526.25**

U.S. DEPARTMENT OF THE TREASURY