
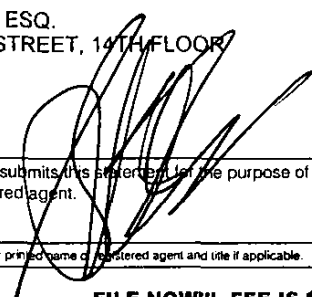


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 AM 8: 01

DOCUMENT # A01000000086					
1. Entity Name THE MUY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3251 EAST 11TH AVENUE HIALEAH, FL 33013		Mailing Address 190 W. 51 STREET HIALEAH, FL 33012			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072008 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 03-0409564	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHMAN, SCOTT G ESQ. 19 WEST FLAGLER STREET, 14TH FLOOR MIAMI, FL 33130			Name Scott G. Richman, Esq.		
			Street Address (P.O. Box Number is Not Acceptable) Chapin, Ballerano & Cheslack		
			1201 George Bush Boulevard		
			City Delray Beach		FL
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			DATE		
Signature, typed or printed name of registered agent and title if applicable.			4/11/08		
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P01000004676		STREET ADDRESS		
NAME	MUY REALTY, INC.		CITY-ST-ZIP		
STREET ADDRESS	190 W. 51ST STREET			200128679072	
CITY-ST-ZIP	HIALEAH, FL 33012			05/07/08--01005--015 **500.00	
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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 provided 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: <i>Wei Hai Ching</i>			President 4/17/08 305-216-1108		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE