## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02579  1. Entity Name TAT HING, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address 6220 STATE ROAD 64 EAST 6220 STATE ROAD 64 EAST BRADENTON FL 34208 BRADENTON FL 34208-625					00 FEB 14 AM 10: 16	
2. Principal Place of Business 3. Mailing Address						1214   2121   2141   2151   2151   2151   2161   2161
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-1579945	Applied For Not Applicable	
Zip	Country	Zip	Country		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		
LUCK, JUNG SUEY 6220 STATE ROAD 64 EAST				Street Address (P.O. Box Number is Not Acceptable)		
					FL Zip Code	
8. The above named en	tity submits this statement f	or the purpose of chang	ging its registere	ed office or register	red agent, or both, in the State of Flori	da.
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registre 9. Capital Contributions \$173,315.00 10. Amount of Capital Contributions				d Agent signature required	11. MAKE CHECK	PAYABLE TO DEPT. OF STATE
as Shown on record.		in FLORIL	DA to date.	UST DE BEGIS	SEE REVERSI FERED AND ACTIVE WITH THIS	SIDE FOR FEE INFORMATION
NOT	E: General Partners M	AY NOT be changed	on the form	; an amendmen	it must be filed to change a gen	eral partner.
12. GENERAL PARTNER INFORMATION  DOCUMENT #					ADDRESS CHAI	NGES ONLY
NAME LUCK, STREET ADDRESS 6220 ST	LUCK, JUNG SUEY			ET ADDRESS		
DOCUMENT#			STRE	ET ADDRESS	mfalay/00	
STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZNP	0	
DOCUMENT#		**	STRE	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP			СПҮ	-ST-ZEP		
DOCUMENT # NAME			STRE	ET ADORESS	3000021	481739 00-01093-012
STREET ADDRESS CITY - ST - ZIP			СПУ	-ST-ZBP ·	****52	6.25 ****526.25
DOCUMENT # NAME			STRE	ET ADORESS		
STREET ADORESS CITY - ST - ZIP			CITY	-ST-ZIP		
DOCUMENT #  NAME STREET ADDRESS  CITY-ST-ZIP			STRE	ET ADORESS		
			CITY	-ST-ZIP		
indicated on this rep	the information supplied wi oort is true and accurate an see empowered to execute the	d that my signature sha	II have the same	e legal effect as if r Florida Statutes	ection 119.07(3)(i), Florida Statutes. I f nade under oath; that I am a General	urther certify that the information Partner of the limited partnership or
SIGNATURE:	SI SI SIGNATURE AND TYPES O	PRINTED NAME OF SIGNING	SENERAL PARTINE		FEB 0 8 2000 94	-746-4585 Daytime Phone #
· · · · · · · · · · · · · · · · · · ·	TUNG	S. Luck	( M. F	Party al )		