
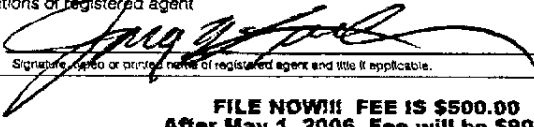
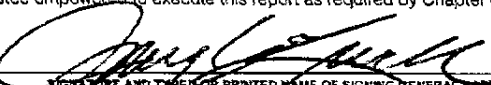


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02579</b>			
1. Entity Name <b>TAT HING, LTD.</b>			
Principal Place of Business <b>JUNG S LUCK 6197 9TH AVENUE CIRCLE NE BRADENTON, FL 34212</b>		Mailing Address <b>JUNG S LUCK 6197 9TH AVENUE CIRCLE NE BRADENTON, FL 34212</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LUCK, JUNG S 6197 9TH AVENUE CIRCLE NE BRADENTON, FL 34212</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		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>FEB 10 2006</b>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	LUCK, JUNG S	STREET ADDRESS	
NAME	6197 9TH AVENUE CIRCLE NE	CITY- ST- ZIP	
STREET ADDRESS	BRADENTON, FL 34212		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	U000000434829
NAME		CITY- ST- ZIP	02/25/06-80017-020 500.00
STREET ADDRESS			
CITY- ST- ZIP			
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		DATE <b>FEB 10 2006</b> 944-747-0082	

STAPLE CHECK HERE