2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

	1. Entity Nam		TD			SECRETARY OF STATE DIVISION OF CORPORATIONS	
	CHANG FAMILY PARTNERSHIP, LTD.					04 MAR 31 AM 9: 59	
r	Principal Place of Business		Mailing Address	Mailing Address			
	4131 SALTWATER BLVD. TAMPA FL 33615		4131 SALTWATEF TAMPA FL 33615	4131 SALTWATER BLVD. TAMPA FL 33615			
-	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E003 (11/03)	
	City & State		City & State	City & State		4. FEI Number 59-2980393 Applied For Not Applicate	le
	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
þ	· T. namelia	6. Name and Address of Curr				7. Name and Address of New Registered Agent	
-	OUANO OUBLOUENE AAD				Name - * ~	and the second s	
	CHANG, CHIH CHIEN, M.D. 507 EAST MARTIN L. KING JR. BLVD. SUITE 112				Street Address	(P.O. Box Number is Not Acceptable)	_
	TAN	MPA FL 33603				FL Zip Code	_
┝	The above named entity submits this statement for the purpose of changing its registered office or re				ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accep	t
	the obligations of registered agent.						
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE	270	
	9. Capital Contributions as Shown on record. \$9,900.00 In FLORIDA to date.				ibutions #9,90	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT	E *.
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST					STERED AND ACTIVE WITH THIS OFFICE.	
_	NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION			on the form		ADDRESS CHANGES ONLY	
-	DOCUMENT #				<u> </u>	ABBITECO OFFITTACE OFFI	
	NAME	TAMPA FL			EET ADDRESS		
- 1	STREET AODRESS CITY-ST-ZIP				Y-ST-ZIP	000032839910 64/15/6401021017 **158.05	
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- 1	DOCUMENT # NAME			STF	REET ADDRESS		
CHECK	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZiP		
STAPLE	DOCUMENT # NAME ‡,			STF	REET ADDRESS		
ST	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP		
	14. I hereby	certify that the information supplied I on this report is true and accurate were or trustee empowered to execut	with this filing does not qual and that my signature shall in this report as required by	lify for the exc have the sarr Chapter 620	emption stated in S ne legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership	or

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER