

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

DOCUMENT # A29103

1. Entity Name  
CHANG FAMILY PARTNERSHIP, LTD.



05 APR 19 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4131 SALTWATER BLVD.  
TAMPA, FL 33615

Mailing Address  
4131 SALTWATER BLVD.  
TAMPA, FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2980393

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHANG, CHIH CHIEN, M.D.  
507 EAST MARTIN L. KING JR. BLVD.  
SUITE 112  
TAMPA, FL 33603

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$9,900.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$9,900.00

4-10-05

**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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHANG, CHIH CHIEN, M.D.  
507 E. BUFFALO AVE, #112  
TAMPA, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
400054041204  
05/09/05--01011--025 \*\*158.05

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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:

*Chieh C. Chang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-05

Date

(813) 229-6139

Daytime Phone #

STAPLE CHECK HERE