

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A29103

1. Entity Name

CHANG FAMILY PARTNERSHIP, LTD.



FILED

**May 01, 2006 08:00 AM
Secretary of State**



1st MOORE CR2E003 (10/05)

Principal Place of Business		Mailing Address					
4131 SALTWATER BLVD. TAMPA FL 33615		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				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHANG, CHIH CHIEN, M.D. 507 EAST MARTIN L. KING JR. BLVD. SUITE 112 TAMPA FL 33603				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State**

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

STAPLE CHECK HERE

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 520, Florida Statutes.

SIGNATURE: Chih Chien, M.D.

4-28-2006 (813)229-6139