


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A92000000229					
1. Entity Name TAI FAMILY INVESTMENT, COMPANY LTD.					
Principal Place of Business 4316 TIDEWATER DRIVE ORLANDO, FL 32812			Mailing Address 4316 TIDEWATER DRIVE ORLANDO, FL 32812		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3146170	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAI, ABDUR R.M.D. 4316 TIDEWATER DRIVE ORLANDO, FL 32812				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 _____ DATE _____ <small>Signature typed or printed name of registered agent and the if applicable</small>					
9. Capital Contributions as Shown on record. \$259,935.00			10. Amount of Capital Contributions in FLORIDA to date. \$259,935.00		
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	CITY-ST-ZIP	DOCUMENT #	NAME
TAI, ARDUR R MD	4316 TIDEWATER DRIVE	ORLANDO, FL 32812			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	DOCUMENT #	NAME
TAI, RABIA	4316 TIDEWATER DRIVE	ORLANDO, FL 32812			
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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: <i>A. Hazzabla</i>			4/21/05 407-932-3666		
SIGNATURE TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



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4. FEI Number 59-3146170 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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.

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 05/05/05-80121-026 535.00

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STAPLE CHECK HERE