
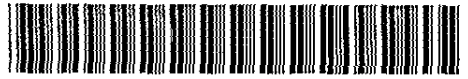


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000090</b>			
1. Entity Name <b>CHINA GROUP LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>P.O. BOX 22887 LAKE BUENA VISTA FL 32830</b>		Mailing Address <b>P.O. BOX 22887 LAKE BUENA VISTA FL 32830</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>CYNTHIA YU % MARCO POLO COLUMBUS &amp; FERRAI 9101 S.R. 535 ORLANDO FL 32836</b>		4. FEI Number <b>59-3416273</b>  5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable	
Name		Applied For	
Street Address (P.O. Box Number is Not Acceptable)		Not Applicable	
City		Zip Code	
<b>FL</b>			
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 title if applicable</small>			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</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>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>S32787</b>	STREET ADDRESS	
NAME	<b>AMERICANA HERITAGE GROUP, INCORPORATED</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>9099 S.R. 535</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>		
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1st MOORE CR2E003 (10/05)

4. FEI Number **59-3416273**  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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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: **W. YING, PRES AME, INC. GP** **4/20/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE