A95000001804

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

FILED
97 FEB 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001804

Tigress Limited Partnership

Mailing Address
1001 S. Bayshore Drive
Suite 2502
Miami, Florida 33131

Principal Office Address
1001 S. Bayshore Drive
Suite 2502
Miami, Florida 33131

3. Date Formed or Registered
11/22/95

3a. Date of Last Report
12/14/95

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record.
$2,020,200.00

5b. Amount of Capital Contributions in FLORIDA to date.
$2,020,200.00

2. Mailing Address
Suite Apt. # etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FE Number
36-4046546
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Mr. Daniel Bell
1001 S. Bayshore Drive
Suite 2502
Miami, Florida 33131

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (DO NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Yina Chang	646 Snapdragon Place	Benicia, CA 94510	

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dcc 576.25

DRCE5003 (05/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Yina Chang DATE Feb 16, 1997

Typed or Printed Name of General Partner Signing Form Yina Chang Daytime Telephone Number (707)747-6677