## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT

LI FAMILY HOLDINGS, LTD.





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9700000443** 

SECRETARY OF STATE DIVISION OF CORPORATION

97 DEC 18 PM 2: 17



			(0)12/2/	
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
8001 SAILBOAT KEY. UNIT 404	8001 SAILBOAT KEY, UNIT 404		02/20/1997	<b>#</b> 00.000.00
SOUTH PASADENA FL 33707	SOUTH PASADENA FL 33707		3a. Date of Last Report	\$20,000.00
				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6 A El Number	
City R Clate	City & Clots		59-3256800	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Z(p) Country		8. Make check payable to: Dept. of S	Fee Required tate (See reverse side for fee Information)
			1	
9, Name and Address of Current Registered Agent Name		Name	10. If changed, new Registered Agent/Office	
и, снои н		Street Address (P.O. Box Number Is Not Acceptable)		
8001 SAILBOAT KEY, UNIT 404 SOUTH PASADENA FL 33707		Suite, Apt. #, etc.		
		City Zip Code		
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement				
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 (Do NOT Use Post Office Bo	(Darloss	City, State & Zip Code	11c. Registration/
U, CHOU H	8001 SAILBOAT KEY, UN		UTH PASADENA FL 337 200023 -12/24/ *****27	\$\\ \text{3}\\ \text{3}\\ \text{2}\\ \text{1}\\ \text{9}\\ \text{2}\\ \text{0}\\ 0
Note: General partners MAY NOT be  12. Ho hereby certify that the information supplied with this Corporations from any liability of non-compliance with Sc	filing is voluntarily furnished and does no	ot quality for the exemption	stated in Section 119.07(3)(k), Florida S	tatutes. I release the Division of
this ennual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chanter 620, Florida Statutes.				
Typed or Printed Name of General Partner Signing Form. Chou H. Li  Daylime Telephone Number. 873-360-1043				
Typed or Printed Name of General Partner Signing Form	Chou H. Li	<u></u>	Daylime Telephone Number	15-560-1045