## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # A9700000443  1. Entity Name #				
LIFFAMILY HOLDINGS, LTD.				FILED
Principal Place of Business Mailing Address				00 MAY 10 PM 4: 20
8001 SAILBOAT KEY. UNIT 404 SOUTH PASADENA FL 33707 SOUTH PASADENA FL 33707				SECRETARY OF STATE TALEAHASSEE ELOPIDA
SOUTH PROBLEM PE 33/0/ SOUTH PROBLEM TE 33/0/			7-0041	ACLAHASSEE ELAGISTA
Principal Place of Business     3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		***	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3256800 Applied For Not Applicable
Zip	Zip Country Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
LI. CHOU H			Name	
8001 SAILBOAT KEY, UNIT 404			Street Addre	iss' (P.O. Box Number is Not Acceptable)
SOUTH PASADENA FL 33707				
			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.				
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
as Shown on record.  in FLORIDA to date.  SEE REVERSE SIDE FOR FEE INFORMATION				
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	LI, CHOU H		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	8001 SAILBOAT KEY, UNIT 404 SOUTH PASADENA FL 33707		CITY-ST-ZIP	
DOCUMENT# NAME			STREET ADDRESS	8000032889489
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP	-05/14/00~-01060020 ****228.75 ****228.75
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DOCUMENT# NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	140.00
STREET ADDRESS CITY-ST-ZIP			CFTY-ST-ZEP	
DOCUMENT#			STREET ADDRESS	
STREET ADDRESS CITY, ST - ZIP			CITY-ST-ZIP	
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				