

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A97000000459**

1. Entity Name  
**CHICHI OYA, LTD.**



Principal Place of Business  
**13615 BRUCE B. DOWNS BLVD., SUITE 112**  
**TAMPA, FL 33613**

Mailing Address  
**13615 BRUCE B. DOWNS BLVD., SUITE 112**  
**TAMPA, FL 33613**



**DO NOT WRITE IN THIS SPACE**

02062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3445912**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDSTEIN, BERNARD**  
**13615 BRUCE B. DOWNS BLVD., SUITE 112**  
**TAMPA, FL 33613**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**1100000476576**  
**04/06/06-80016-016 508.75**

**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**

DOCUMENT # **P96000101728**  
NAME **BRYTAM, INC.**  
STREET ADDRESS **13615 BRUCE B. DOWNS BLVD, SUITE 112**  
CITY- ST- ZIP **TAMPA, FL 33613**

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STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/20/06**