2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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CHCK

STAPLI

FILED Feb 02, 2007 08:00 AN Secretary of State DOCUMENT # A9900000173 1. Entity Name THE HWANG FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3050 N.E. 47TH STREET 3050 N.E. 47TH STREET FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite Apt #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 65-0891144 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HWANG, HUA-MEI 3050 N.E. 47TH STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 Zip Code City 8. The above named onlity 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, typed or printed name of registered agent and title it applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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 A P98000063050 STREET LADORESS NAM HWANG FAMILY CORP. STREET ADDRESS 3050 N.E. 47TH STREET CHY-SI-7P 000000619226 CHY-S1-7IP FORT LAUDERDALE FL 33308 02/09/07 90062 009 500.00 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-S1-702 CHY+SI-7P DOCUMENT # STREET ADDRESS NAM! STREET ADDRESS CITY-SI-7IP CITY-ST-7IP DOCUMENT # STREEL ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I horeby 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 eath; 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