

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A01000001287**

1. Entity Name  
**SMYET FAMILY PARTNERSHIP LTD.**



**FILED**

04 APR 29 AM 10:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O HEDAYATOLLA ZAGHI**  
**7538 CHESTER TERRACE**  
**BOCA RATON, FL 33433**

Mailing Address  
**C/O HEDAYATOLLA ZAGHI**  
**7538 CHESTER TERRACE**  
**BOCA RATON, FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**65-1148294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAGHI, HEDAYATOLLAH**  
**7538 CHESTER TERRACE**  
**BOCA RATON, FL 33433**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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

9. Capital Contributions  
 as Shown on record. **\$469,563.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **\$2,581,899.**

**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 # **P99000101824**  
 NAME **GENESIS Z CORP.**  
 STREET ADDRESS **7538 CHESTER TERRACE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700035844257**  
**05/10/04--01127--024 \*\*526.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.22.04

Date

561)393735

Daytime Phone #

**SHILA D. ZAGHI**

STAPLE CHECK HERE