


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006**


**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A03000001674  
1. Entity Name  
THE ZEMPIRE LIMITED PARTNERSHIP LLLP



Principal Place of Business 100 N. BISCAYNE BLVD, 27TH FLOOR MIAMI, FL 33132-2309	Mailing Address 100 N. BISCAYNE BLVD, 27TH FLOOR MIAMI, FL 33132-2309
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**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-0079041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZYSCOVICH, BERNARD  
100 N. BISCAYNE BLVD, 27TH FLOOR  
MIAMI, FL 33132-2309

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	
NAME	ZYSCOVICH, BERNARD
STREET ADDRESS	100 N. BISCAYNE BLVD, 27TH FLOOR
CITY-ST-ZIP	MIAMI, FL 331322309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000569412  
07/11/06-80024-014 908.75

**DO NOT WRITE IN THIS SPACE**

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:  7/6/2006 305-372-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #