

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000237		
1. Entity Name PHILIP ZIEKY PARTNERSHIP, LTD.		

Principal Place of Business C/O PHILIP ZIEKY 715 PINE LAKE DRIVE DELRAY BEACH, FL 33445	Mailing Address C/O PHILIP ZIEKY 715 PINE LAKE DRIVE DELRAY BEACH, FL 33445
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01282004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0810525	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZIEKY, PHILIP 715 PINE LAKE DRIVE DELRAY BEACH, FL 33445
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7. Name and Address of New Registered Agent

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	DATE
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9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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.

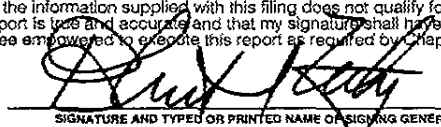
12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	ZIEKY, PHILIP	715 PINE LAKE DRIVE	DELRAY BEACH, FL 33445
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	ZIEKY, ELIOTT S	215 SHERWOOD DRIVE	GLASTONBURY, CT 06033
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	ZIEKY, JEFFREY M	12871 NORTH 135TH STREET	SCOTTSDALE, AZ 85259
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000144785
CITY - ST - ZIP	05/03/04-80002-015 526 25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: 	DATE: 4/20/04	Daytime Phone #: 860-289-3477
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STAPLE CHECK HERE