# 2007 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2007**

**FILED**
**Mar 26, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # A98000000237

1. Entity Name
PHILIP ZIEKY PARTNERSHIP, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O PHILIP ZIEKY<br>715 PINE LAKE DRIVE<br>DELRAY BEACH, FL 33445 | C/O PHILIP ZIEKY<br>715 PINE LAKE DRIVE<br>DELRAY BEACH, FL 33445 |

**DO NOT WRITE IN THIS SPACE**

01252007 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0810525
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIEKY, PHILIP
715 PINE LAKE DRIVE
DELRAY BEACH, FL 33445

**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**
**After May 1, 2007, Fee will be $900.00**

**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 | ZIEKY, PHILIP |
| STREET ADDRESS | 715 PINE LAKE DRIVE |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| DOCUMENT # | |
| NAME | ZIEKY, ELIOTT S |
| STREET ADDRESS | 41 MEEKS POINT ROAD |
| CITY-ST-ZIP | EAST HAMPTON, CT 064241525 |
| DOCUMENT # | |
| NAME | ZIEKY, JEFFREY M |
| STREET ADDRESS | P.O. BOX 2478 |
| CITY-ST-ZIP | CAREFREE, AZ 853772478 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ March 18, 2007 860-267-8463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER