

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

**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**

**FILED**  
**04 JUL -7 PM 3:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**20-0079041**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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. **\$250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

STREET ADDRESS

CITY-ST-ZIP

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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

Date

**7/1/04**

Daytime Phone #

**(305) 372-5222**

STAPLE CHECK HERE