


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000001381</b> 1. Entity Name ZIVAN FAMILY HOLDINGS, LTD.	
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Principal Place of Business 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578 US	Mailing Address P.O. BOX 5220 NICEVILLE, FL 32578 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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03032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 20-1578764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ZIVAN, JEROME A 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
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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, 2006, 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.**

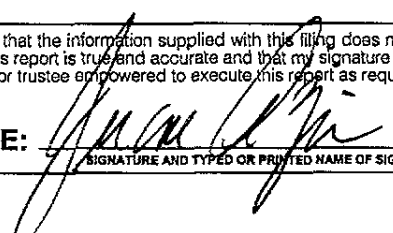
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L04000062706 ZF MANAGEMENT COMPANY, LLC 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
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05/20/06-80030-018 500.00

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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:**  **Jerome A. Zivan** **4/18/06 850 897-6430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #