## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

## Jul 29, 2004 08:00 AM Secretary of State DOCUMENT # A00000000053 1. Entity Name Z & A, LTD. Principal Place of Business Mailing Address 2611 BAYSHORE BLVD., APT. #707 2611 BAYSHORE BLVD., APT. #707 TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc Suite, Apt #, etc 07162004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3614982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TEMPLE TERRACE, FL 33606 City Zio 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 it applicable. DATE In accordance with s, 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 18. Amount of Capital Contributions \$2,500,000.00 as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS BORRELL, ZENAIDA G TRUSTEE STREET ADDRESS 2611 BAYSHORE BLVD., APT. #707 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 DOCUMENT# <u>UQOQQO</u>1,588**Q**5 STREET ADDRESS NAME ZENAIDA G. BORRELL IRREVOCABLE TRUST STREET ADDRESS 2611 BAYSHORE BLVD., APT. #707 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-782 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City - SI - ZIP CSY-ST-7P DOCUMENT # STREET ADDRESS STAPLE CHECK

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), Florida Statutes. Truther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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

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enaite orell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

813-269-921

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