

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 06, 2005 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.

City & State City & State

Zip Country Zip Country

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3614982 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
TEMPLE TERRACE, FL 33606

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record \$2,500,000.00 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

DOCUMENT #
NAME BORRELL, ZENaida G TRUSTEE
STREET ADDRESS 2611 BAYSHORE BLVD., APT. #707
CITY-ST-ZIP TAMPA, FL 33629

DOCUMENT #
NAME ZENaida G. BORRELL IRREVOCABLE TRUST
STREET ADDRESS 2611 BAYSHORE BLVD., APT. #707
CITY-ST-ZIP TAMPA, FL 33629

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
U000000363498
05/06/05-20001-019-526.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-05 (813)259-9212
Date Daytime Phone #