


**2008 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2008****FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000053</b>			
1. Entity Name <b>Z &amp; A, LTD.</b>			
Principal Place of Business <b>2611 BAYSHORE BLVD., APT. #707 TAMPA, FL 33629</b>		Mailing Address <b>2611 BAYSHORE BLVD., APT. #707 TAMPA, FL 33629</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</b>			
<b>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.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>BORRELL, ZENAIIDA G TRUSTEE 2611 BAYSHORE BLVD., APT. #707 TAMPA, FL 33629</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	<b>ZENAIIDA G. BORRELL IRREVOCABLE TRUST 2611 BAYSHORE BLVD., APT. #707 TAMPA, FL 33629</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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			
<b>SIGNATURE:</b> <u><i>Zenaida G. Borrell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<u>3/21/08</u> <small>Date</small>	<u>(813) 259-9292</u> <small>Daytime Phone #</small>



03262008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-3614982** Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required400000879132  
04/15/08-80008-008 500.00

STAPLE CHECK HERE