


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

|                                |  |   |
|--------------------------------|--|---|
| <b>DOCUMENT # A00000000147</b> |  |  |
| 1. Entity Name<br>DAZI LTD.    |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>3869 N.W. ROYAL OAK DRIVE<br>JENSEN BEACH, FL 34957 | Mailing Address<br>3869 N.W. ROYAL OAK DRIVE<br>JENSEN BEACH, FL 34957 |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |



02052007 Chg-LP CR2E003 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0974826 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                             |  | 7. Name and Address of New Registered Agent        |  |
| GEOFFREY I. MCKELVEY<br>3869 N.W. ROYAL OAK DRIVE<br>JENSEN BEACH, FL 34957 |  | 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 _____ | DATE _____ |
|-----------------|------------|

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 |                           | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|---------------------------|--------------------------|--|
| DOCUMENT #                      | L00000000747              | STREET ADDRESS           |  |
| NAME                            | ZADI, LL                  | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 3869 N.W. ROYAL OAK DRIVE |                          |  |
| CITY-ST-ZIP                     | JENSEN BEACH, FL 34957    |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |

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05/08/07-80092-024 500.00

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: _____ | DATE: 2/6/2007 | Daytime Phone # _____ |
|------------------|----------------|-----------------------|

GEOFFREY MCKELVEY, Sole-member of ZADI, LLC,  
IT'S General Partner

STAPLE CHECK HERE