2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

FILED 2005 APR 29 PH 1: 59 **DOCUMENT # A00000000249** SECRETARY OF STATE TALLAHASSEE, FLORIDA Z & Z HOLDING, LTD. Principal Place of Business Mailing Address 2061 COVE BLVD. 2061 COVE BLVD. PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E003 (10/03) Chg-LP City & State City & State 4. FFI Number Applied For 59-3625671 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 ZHAO, XUWEI Street Address (P.O. Box Number is Not Acceptable) 2061 COVE BLVD. PANAMA CITY, FL 32405 City Zip Code FL 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 if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 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 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS ZHANG, MINGLIANG NAME 49 MILLERS GROVE ROAD STREET ADDRESS CITY-ST-ZIP City-St-7IP BELLE MEAD, NJ 08502 OOCUMENT # STREET ADDRESS NAME ZHAO, XUWEI 900054927178 05/23/05--01004--006 **158.75 STREET ADDRESS 2061 COVE BLVD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-ZiP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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