2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

1. Entity Name Z & Z HOLDING, LTD.



Principal Place of Business 2061 COVE BLVD.

Mailing Address



APPRUYEL AND FILED

03 JAN 13 AM 10: 15

SECRETARY OF STATE :- FABLAHASSEE, FLORIDA

PANAMA CITY FL 32405		PANAMA CITY FL 32405			
		٠,	• .	A FEMALUL CONTRACTOR OF THE STATE OF THE STA	
2. Principal Place of Business		3. Mailing Address			
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			
		ouite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number 59-3625671 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
ZHAO, XUWEI			Name	The state of the s	<del></del>
2061 COVE BLVD.			Street Addr	ess (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32405				(1.0. Box Multiber is Not Acceptable)	
	<u>.</u>		City	FL Zip Code	$\dashv$
8. The above	re named entity submits this statement fo	r the purpose of changing it	ts registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and a	
line obliga	attoris or registered agent,	~ ^/		_ h	ccept
SIGNATURE	Signature, typed or printed name of registered agent a	$\sqrt{2}$	uwei -	2hao 1-3-03	1
9. Capital Co				DATE	-
as Shown	on record. \$10,000.00	10. Amount of Capi in FLORIDA to	ital Contributions date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF S	TATE
	A GENERAL PARTNER T	HAT IS A BUSINESS EI	NTITY MUST BE REC	SEE REVERSE SIDE FOR FEE INFORMATION SISTERED AND ACTIVE WITH THIS OFFICE.	N .
12.	GENERAL PARTNER	· ····· · · · · · · · · · · · · · · ·	the form, an amenon	nent must be filed to change a general partner.	- 1
DOCUMENT #	GENERAL FARINER	INFORMATION	13.	ADDRESS CHANGES ONLY	
NAME	ZHANG, MINGLIANG		STREET ADDRESS		<u>ۇ</u>
STREET ADDRESS CITY-ST-ZIP	49 MILLERS GROVE ROAD BELLE MEAD NJ 08502		OUTS/ OT 310		CR2F003 (10/02)
	DELLE MEAD NJ 08502		CITY-ST-ZIP		203
DOCUMENT # NAME	ZHAO, XUWEI		STREET ADDRESS		};
STREET ADDRESS	2061 COVE BLVD.		5/1122 / 7/05/11255	<del></del>	5
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZiP	.01/13/0301085922- **158,75	
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I hereby certify that the information supplied with this filing 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP