2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A01000000403 **DOCUMENT #**

1. Entity Name
ZEMKOSKI FAMILY PARTNERSHIP, LTD.



Principal Place of Business									
601 E. STRAWBRIDGE AVENUE									
MELBOURNE FL 32901									

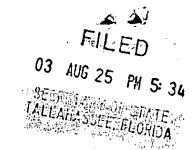
2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 601 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901

3. Mailing Address

Suite, Apt. #, etc.





DUE BY MAY 1, 2003

City & State			City	City & State			4. FEI Number APPLIED FOR Applied For Not Applicab					
Zip		Country	Zip		Country		5. Certificate of	e of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
MOULE, REX E					Name	Name						
601 E. STRAWBRIDGE AVENUE					Street	Street Address (P.O. Box Number is Not Acceptable)						
MELBOURNE FL 32901												
•							-		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, typed or printed name of registered agent and title if applicable. DATE DATE												
as Shown on record. \$680,000.00 in FLORIDA to da					e. 5412	412 700. SEE REVERSE SIDE FOR FEE INFOR						
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	INFORM	IATION	13.			ADDRESS CH	ANGES ONLY			
DOCUMENT # NAME	P0000050092 ZEMKOSKI MANAGEMENT CORP.				STREET ADDRESS	5						
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14. 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

SIGNATURE:

4/20/02 921) 7240868
Daytime Phone #

CR2E003 (10/02)