


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001686	
1. Entity Name ZAYAS-BAZAN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 11377 WEST FLAGLER ST. MIAMI FL 33174	Mailing Address PO BOX 65-0856 MIAMI FL 33265
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E003 (10/05)

4. FEI Number 20-0622621	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent
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ROZENCWAIG & FERRERO CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____
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FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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
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13. ADDRESS CHANGES ONLY

DOCUMENT # L01000013282	NAME E & A FAMILY HOLDINGS, L.C.
STREET ADDRESS 11377 WEST FLAGLER ST.	
CITY-ST-ZIP MIAMI FL 33174	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	UD00000538448
CITY-ST-ZIP	05/09/06-80059-006 500.00

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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

SIGNATURE: *E & A Family Holdings, LC*
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06
Date

Daytime Phone #

STAPLE CHECK HERE