


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 AUG -9 PM 3:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000658  
 1. Entity Name  
 ZABELLA, LTD.



Principal Place of Business  
 4494 N. JOHN YOUNG PARKWAY  
 ORLANDO, FL 32804

Mailing Address  
 4494 N. JOHN YOUNG PARKWAY  
 ORLANDO, FL 32804

2. Principal Place of Business  
 1234 N. Orange Ave.  
 Suite, Apt. #, etc.

3. Mailing Address  
 1234 N. Orange Ave.  
 Suite, Apt. #, etc.

City & State  
 Winter Park FL

City & State  
 Winter Park FL

Zip  
 32789

Country  
 Orange

Zip  
 32789

Country  
 Orange



07152004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 04-3661293

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHAVER, DONALD  
 4494 JOHN YOUNG PARKWAY  
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P98000090196	STREET ADDRESS	
NAME	HSS PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	4494 JOHN YOUNG PARKWAY		
CITY - ST - ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	400040742884
NAME		CITY - ST - ZIP	09/01/04--01077--003 **141.25
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: Donald E. Shaver Date: August 3, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #