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04 JUL -1 AM 9:39

225 N. GULF BLVD.
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A03000001061				04 JUL -1 AM 9:39 JES. W. F. FORT TALLAHASSEE FLORIDA MJH	
1. Entity Name ZEPHYR XLIX, LLLP					
Principal Place of Business 38508 A AVENUE ZEPHYRHILLS, FL 33539		Mailing Address PO BOX 1718 ZEPHYRHILLS, FL 33539-1718			
2. Principal Place of Business		3. Mailing Address		04302004 Chg-LP CR2E003 (10/03) 7/1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number APPL 450 FOL	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHALLENGER MULTIMEDIA AND ENTERTAINMENT 125 SHELBY AVENUE, SUITE 5 AUBURNDAL, FL 33823-3033				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 <i>[Signature]</i> CSO				DATE 4/28/04	
9. Capital Contributions as Shown on record: \$8,000.00				10. Amount of Capital Contributions in FLORIDA to date: \$8,000.00	
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 #	NAME		STREET ADDRESS	CITY-ST-ZIP	
	THOMPSON, MARK			700038938757	
STREET ADDRESS	38508 A AVENUE			07/09/04--01049--003 **144.75	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33539				
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
	P03000021847				
STREET ADDRESS	CHALLENGER MULTIMEDIA AND ENTERTAINMENT				
CITY-ST-ZIP	125 SHELBY AVENUE, SUITE 5				
	AUBURNDAL, FL 33823				
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
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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 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>[Signature]</i>			DATE 4/28/04 863-809813		