

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -4 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001061

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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  
AUBURNDALE, 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

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

4/20/05  
DATE

9. Capital Contributions  
as Shown on record. **\$8,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
38508 A AVENUE  
ZEPHYRHILLS, FL 33539

STREET ADDRESS

CITY-ST-ZIP

900055584589

06/01/05--01060--006 \*\*142.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P03000021847  
CHALLENGER MULTIMEDIA AND ENTERTAINMENT  
125 SHELBY AVENUE, SUITE 5  
AUBURNDALE, FL 33823

STREET ADDRESS

CITY-ST-ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Mark Thompson* PTL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/05

Date

Daytime Phone #

STAPLE CHECK HERE