

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 AM 10:59

DOCUMENT # A03000001089

1. Entry Name
ZIRCON (USA) LOGISTICS LTD



Principal Place of Business
504 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

Mailing Address
504 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business

3. Mailing Address

State Apt # etc

State Apt # etc

04012005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
20-0198628

Applying For
Not Applicable

Zip

Country

Zip

Country

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

CHARTERED LAW FIRM OF AUBIN WADE ROBINSON
505 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

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 fee if applicable

9. Capital Contributions as Shown on report \$1,000.00

10. Amount of Capital Contributions in FLORIDA to 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000115971
NAME ZIRCON (USA) LOGISTICS, INC.
STREET ADDRESS 504 ROYAL PALM BEACH BLVD
CITY-STATE-ZIP ROYAL PALM BEACH, FL 33411

STREET ADDRESS 300058536733
CITY-STATE-ZIP 09/12/05-01062-017 **141.25

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STREET ADDRESS
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.02(1)(b) Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same force and effect as if made under oath. I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Signature required if

STATE CHECK HERE