


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 APR 24 AM 10:25

DOCUMENT # A04000000320

1. Entity Name
 ZO VAN PARTNERS, LLLP




Principal Place of Business
 4421 SUN-N-LAKE BLVD., SUITE C
 SEBRING, FL 33872

Mailing Address
 4421 SUN-N-LAKE BLVD., SUITE C
 SEBRING, FL 33872

2. Principal Place of Business
 2950 Alt US Hwy 27 So
 Suite, Apt. #, etc.
 Ste A+B
 City & State
 Sebring, FL
 Zip
 33870-4973 Highlands

3. Mailing Address
 2950 Alt US Hwy 27 So
 Suite, Apt. #, etc.
 Ste A+B
 City & State
 Sebring FL
 Zip
 33870-4973 Highlands



01112006 Chg-LP CR2E003 (11/05)

4. FEI Number 56-2443095 Applied For
 APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent

VANTERPOOL, CLYDE
 4421 SUN-N-LAKE BLVD., SUITE C
 SEBRING, FL 33872

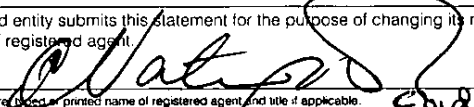
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Num Not Acceptable)
 2950 Alt US Hwy 27 So
 Ste B

City Sebring FL Zip Code 33870-4973

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  CLYDE C VANTERPOOL DATE 4-13-06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

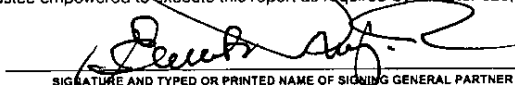
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PINZON, ERNESTO	STREET ADDRESS	2950 Alt US Hwy 27 So
NAME	4421 SUN-N-LAKE BLVD., SUITE C	CITY-ST-ZIP	Ste A Sebring FL 33870
STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 33872		
DOCUMENT #	VANTERPOOL, CLYDE	STREET ADDRESS	2950 Alt US Hwy 27 So
NAME	4421 SUN-N-LAKE BLVD., SUITE C	CITY-ST-ZIP	Ste B Sebring, FL 33870
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/05/06--01048--020 **500.00

STAPLE CHECK HERE

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:  ERNESTO PINZON, MD
 Date 04/06/06 Daytime Phone # 863-471-1300 ext 216