

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR -5 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000000243</b> 1. Entity Name <b>PZA LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>248 PALERMO AVENUE          CORAL GABLES, FL 33134</b>			Mailing Address <b>248 PALERMO AVENUE          CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		02132007    Chg-LP    CR2E003 (12/06)
4. FEI Number <b>20-2332992</b> APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>					<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b> <b>TRESCOTT, DRUCKER &amp; VASALLO P.L.</b> <b>2605 PONCE DE LEON BLVD.</b> <b>CORAL GABLES, FL 33134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>    Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L04000063264</b> <b>PZA FLORIDA, LLC</b> <b>248 PALERMO AVENUE</b> <b>CORAL GABLES, FL 33134</b>		STREET ADDRESS CITY-ST-ZIP	900096506579 04/11/07--01038--016 **500.00	
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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:**

STAPLE CHECK HERE