2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	Due By May 1, 2006									DINER STATE				
DOCUMENT # A33046										मार्थिता		JE		
1. Entity Name ZEPHYR 19, LTD.										06	•	· //10,13		
		10, 210	•							06 FEB.	-8 AM	9: 58		
Principal	l Place	of Busines	ss		Ма	iling Address		<u>!</u>	_					
							NE COACHMAN RD.							
ULEARW	CLEARWATER, FL 34625 CLEARWATER, FL 337							4	la L					
2 Princi	in at Die	as of Busi			18.	4-18 A del								
2. FIIISC	Principal Place of Business Address Mailing Address								 					
Suite,	Suite, Apt. #, etc.					Suite, Apt. #, etc.			01042006	Chg-LP	CR2E00	03 (11/05)		
City 8	City & State					City & State			4. FEI Numb 59-277			Applied For Not Applicable		
Zip	Zip Country		try	Zip Cour		ntry	5. Certificate	5. Certificate of Status Desired		8.75 Additional ee Required				
		6. Nam	e and Ad	dress of Cun	rent Regist	ered Agent		7. Name and Address of New Registered Agent						
KLEIN	KLEIN, MARKS								Name					
	2040 N.E. COACHMAN ROAD CLEARWATER, FL 34625							Street Addres	dress (P.O. Box Number is Not Acceptable)					
									0					
<u></u>								City		F⊈¦ ′		Zip Code		
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the obligations of registered agent. 											orida. I am fa	amiliar with, and accept		
SIGNATI	Signature, typed or printed name of registered agent and title 4 applicable.										DATE			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00														
		A (GENER	AL PARTNE	R THAT I	S A BUSINESS	ENTITY N	IUST BE REG	ISTERED AND	CTIVE WITH TH	IIS OFFICE	,		
12.	NOTE: General Partners MAY NOT be changed on the form; an amendme 12. GENERAL PARTNER INFORMATION 13.									ADDRESS CH				
DOCUMENT NAME		KLEIN, MARK S			STR			EET ADDRESS	<u>-</u>					
1	EET ADDRESS 2040 N.E. COACHMAN RO				AD cm			-ST-ZIP	: 	10066	1257	יקי'		
CITY-ST-ZII DOCUMENT	-	CLEARW	ATER, I	=L	-				02/11	7/0601013	<u>001</u>	*** <u>£00</u> ° 00		
NAME	<i>'</i>						STR	EET ADDRESS						
STREET ADD						CITY	'-ST-ZIP							
DOCUMENT NAME	*	_					STR	EET ADDRESS						
STREET ADD							CITY	'-\$T-ZIP						
DOCUMENT	•						STR	EET ADDRESS				*		
STREET ADD	- [CITY	'-ST-ZIP	····					
DOCUMENT			<u>-</u>		· · · · · · · · · · · · · · · · · · ·		STR	CET ADDRESS						
NAME STREET ADD CITY-SI-ZII DOCUM	1						CITY	/-ST-ZIP		<u></u>				
DOCUM:	•			· · ·			STR	EET ADDRESS		<u> </u>				
· •	:ŒSS						CITY	'-ST-ZIP						
<u> </u>		ertify that the control of this reporting the control of the contr	he inform ort is true stee empo	ation supplier and accurate wered to eye	with this to and their my	ling goes not qua signature shall h ook ar required by	lify for the earlier the same of the same	xemptions conta e legal effect as 0, Florida Statuti	ined in Chapter 11 if made under oath es	9, Florida Statutes. ; that I am a Gene	I further cert ral Partner of	ify that the information the limited partnership		
SIGN	IAT	URE: .	<i>V</i>	M			•			7/1/06	727	441.1951		
· L			SIGN	ATURE AND TWE	LO ON PRINTEL	PAME OF SIGNING GE	NERAL PARTN	ER		/ /Date ~	Da	ytime #hone #		