

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 26 AM 9:28

<b>DOCUMENT # A33046</b>	
1. Entity Name ZEPHYR 19, LTD.	



Principal Place of Business 2040 N.E. COACHMAN ROAD CLEARWATER, FL 34625	Mailing Address 2040 NE COACHMAN RD. CLEARWATER, FL 33765-2614
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2. Principal Place of Business - No P.O. Box # 1744 N. Belcher RD.	3. Mailing Address 1744 N. Belcher RD
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33765	Country USA



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2777067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KLEIN, MARK S 2040 N.E. COACHMAN ROAD CLEARWATER, FL 34625	

7. Name and Address of New Registered Agent	
Name MARK S. KLEIN	
Street Address (P.O. Box Number is Not Acceptable) 1744 N. Belcher RD. Suite 200	
City CLEARWATER	FL Zip Code 33765

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 	MARK S. KLEIN	DATE 1/11/07
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	NAME	STREET ADDRESS	
	KLEIN, MARK S		
STREET ADDRESS	2040 N.E. COACHMAN ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL		
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CITY-ST-ZIP			

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 01/31/07--01017--018 \*\*500.00

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: 	MARK S. KLEIN	DATE 1/11/07	DAYTIME PHONE # 727-441-1951
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STAPLE CHECK HERE