## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9200000208

ZSB GARBINSKY PARTNERSHIP, LTD. 3. Date Formed or Registered **5a.** Capital Contributions as Shown on record. Mailing Address Principal Office Address 500 W. CYRPESS CREEK ROAD 12/22/1992 500 W. CYRPESS CREEK ROAD \$60,000.00 SUITE 500 SUITE 500 3a. Date of Last Report 01/03/1996 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 **5b.** Amount of Capital Contributions in FLORIDA 4. State or Country of Formation to date Mailing Address Principal Office Address FL 837 7 NE 17 TERRACE NE 17 TERRACE Suite, Apt. #, etc. 6. FEI Number Applied For 65-0377484 Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name BERGER, JAMES L ESQ. % BERGER & SHAPIRO, P.A. Street Address (P.O. Box Number Is Not Acceptable) 100 NE THIRD AVE., SUITE 400 Suite. Apt. #, etc. FT. LAUDERDALE FL 33301 City Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s), I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration/ Address of Each General Partner
(Do NOT Use Post Office Box Numbers) 11. Name(s) of General Partner(s) City, State & Zip Code 11c. FT. LAUDERDALE FL 333 ZSB MANAGEMENT, INC. 500 W. CYPRESS CREEK P92000013541 800002027688--9 -12/12/96--01088--005 

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this feport as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form (CONARD) ZATOR (

Daylime Telephone Number (954) 463 - 7/38

SECRETARY OF STATE OLVISION OF CORPORATIONS

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