


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  ZSB GARBINSKY PARTNERSHIP, LTD.		<b>1a. DOCUMENT #</b> <b>A92000000208</b>			
<b>Mailing Address</b> 637 NE 17 TERRACE, APT. #6 FT. LAUDERDALE FL 33304		<b>Principal Office Address</b> 637 NE 17 TERRACE, APT. #6 FT. LAUDERDALE FL 33304		<b>3. Date Formed or Registered</b> 12/22/1992	<b>5a. Capital Contributions as Shown on record</b> \$60,000.00
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3b. Date of Last Report</b> 12/31/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> \$60,000.00 (Am)
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>		<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 65-0377484
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>Zip</b>		<b>Zip</b>		<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	<input type="checkbox"/> \$8.75 Additional Fee Required



<b>9. Name and Address of Current Registered Agent</b> BERGER, JAMES L ESQ. % BERGER & SHAPIRO, P.A. 100 NE THIRD AVE., SUITE 400 FT. LAUDERDALE FL 33301		<b>10. If changed, new Registered Agent/Office</b>	
		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		FL 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) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ZSB MANAGEMENT, INC. Garbinsky, Robert	500 W. CYPRESS CREEK 837 NE 17th Ter, Apt. 6	FT. LAUDERDALE FL 333 Ft. Lauderdale, 33304	P92000013541 650002801466-4 -03/10/99--01098--004 ****508.75 ****508.75

Per Amendment Filed 3/1/99, mkt

**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. I 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 report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 12/16/98

Typed or Printed Name of General Partner Signing Form Leonard Entress Daytime Telephone Number (954) 463-7138

CR2E003 (8/98)