2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A94000000232 1. Entity Name ZANZARA LIMITED PARTNERSHIP APR 18 PM 12: 17 Principal Place of Business Mailing Address % RICHARD P. GILLETTE % RICHARD P. GILLETTE SECRETARY OF STATE 1200 SOUTH FLAGLER DRIVE. SUITE 1202 1200 SOUTH FLAGLER DRIVE. SUITE 1202 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0548068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDERSON, A. FAXON JR. HENDERSON, A. FAXTON JR Street Address (P.O. Box Number is Not Acceptable) **411 SOUTH COUNTY ROAD** SUITE 200 12773 W. FOREST HILL BLVD. STE 206 City WELLINGTON PALM BEACH FL 33480 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. A. FAXON HENDERSON, JR. SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$0.00 \$0.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS NAME GILLETTE, RICHARD P 700007132774 STREET ADDRESS 1200 SOUTH FLAGLER DRIVE, SUITE 1202 CITY-ST-ZIP --05/03/01--01019--023 CITY-ST-ZIF WEST PALM BEACH FL 33401 ****141,25 ****141.25 DOCUMENT 4 STREET ADDRESS NAME GILLETTE, MARION C STREET ADDRESS 1200 SOUTH FLAGLER DRIVE, SUITE 1202 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS



🖺 RICHARD P. GILLETTE

April

2001

Date

Daytime Phone #