2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A94000000232** ZANZARA LIMITED PARTNERSHIP 05 APR -4 AH 11: 17 Principal Place of Business Mailing Address % RICHARD P. GILLETTE % RICHARD P. GILLETTE 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. 03252005 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 65-0548068 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDERSON, A. FAXTON JR Street Address (P.O. Box Number is Not Acceptable) 12773 W. FOREST HILL BLVD., STE. 206 WELLINGTON, FL 33414 525 South Flagler Drive, Suite 200 West Palm Beach 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 Squature, typed or present retries of registered agent and late if applicable. DATE 9. Capital Contributions 10, Amount of Capital Contributions as Shown on record. in FLORIDA to date. \$0.00 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 ADDRESS CHANGES ONLY DOCUMENT# STREET ADDRESS MANE GILLETTE, RICHARD P STREET ADDRESS 1200 SOUTH FLAGLER DRIVE, SUITE 1202 CITY-ST-78 CTTY-ST-ZEP WEST PALM BEACH, FL 33401 DOCUMENT# STREET ADDRESS NAME GILLETTE, MARION C STREET ADDRESS 1200 SOUTH FLAGLER DRIVE, SUITE 1202 700050424067 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT# STREET ADDRESS HAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY CT_ 70 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-7IP DOCUMENT # STREET ACCRESS NAME STRIFFT ADORESS CITY-ST-78 14. I hereby certify that the information supplied with this fitting 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 eath; 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. March 3/ Richard P. Gillette SIGNATURE: