



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A94000000232</b> 1. Entity Name <b>ZANZARA LIMITED PARTNERSHIP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR -7 AM 10:15

Principal Place of Business <b>% RICHARD P. GILLETTE</b> <b>1200 SOUTH FLAGLER DRIVE, SUITE 1202</b> <b>WEST PALM BEACH, FL 33401</b>	Mailing Address <b>% RICHARD P. GILLETTE</b> <b>1200 SOUTH FLAGLER DRIVE, SUITE 1202</b> <b>WEST PALM BEACH, FL 33401</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

03292006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0548068</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HENDERSON, A. FAXTON JR</b> <b>12773 W. FOREST HILL BLVD., STE. 206</b> <b>WELLINGTON, FL 33414</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>525 South Flagler Drive</b> Suite 200 City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 CITY-ST-ZIP <b>GILLETTE, RICHARD P</b> <b>1200 SOUTH FLAGLER DRIVE, SUITE 1202</b> <b>WEST PALM BEACH, FL 33401</b>	STREET ADDRESS CITY-ST-ZIP 
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>GILLETTE, MARION C</b> <b>1200 SOUTH FLAGLER DRIVE, SUITE 1202</b> <b>WEST PALM BEACH, FL 33401</b>	STREET ADDRESS CITY-ST-ZIP 
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**200071641382**  
 04/24/06 01064 004 \*\*500.00

STAPLE CHECK HERE

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:**  **RICHARD P. GILLETTE** **30** March **30**, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #