DOCUMENT # A9400000232

1. Entity Name
ZANZARA LIMITED PARTNERSHIP



Principal Place of Business % RICHARD P. GILLETTE 1200 SOUTH FLAGLER DRIVE. SUITE 1202 WEST PALM BEACH FL 33401

2. Principal Place of Business

Mailing Address % RICHARD P. GILLETTE 1200 SOUTH FLAGLER DRIVE. SUITE 1202 WEST PALM BEACH FL 33401

3. Mailing Address

FILED

2003 FEB - 6 AM 10: 13

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



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Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			Constant of the Constant of th		DUE BY	MAY 1, 20	03		100 S
City & Sta	ate	-	City & State			4. FEI Numbe	er 65				Applied For	হৈছে
Zip	!'	Country	Zip	Zip Country		5. Certificate			-		Not Applicable 75 Additional	le
6. Name and Address of Current Registered Agent					1	7 Name and	7. Name and Address of New Registered Agent					
MENIDED	· -			, , ,	Nаme	, ivalie and	Auure	55 OI NEW	registered /	igen	·	_
HENDERSON, A. FAXTON JR 12773 W. FOREST HILL BLVD., STE. 206					Character 4							
	iton FL 334			- Onicer		ddress (P.O. Box Numbe	er is No	ot Acceptabl	e)		·	
WELLING	IION FL 334	+14				,			·			
		·			City			· · · · · · · · · · · · · · · · · · ·	FL		ip Code	_
8. The above	e named entity utions of regist	y submits this statement for	the purpose of changing its	registere	ed office o	registered agent, or bot	h, in th	e State of Fi	orida. I am f	_L amilia	ir with, and accept	<u>-</u>
tile obliga	mons or regist	ered agent.									·	
SIGNATURE		or printed name of registered agent a	and side if a mail and the									
9. Capital Co				cable. 2. Amount of Capital Contributions			F1276		DATE		via	
as Shown on record.			in FLORIDA to da		\$0.00	20.00	SEE REVER	SE SIDE FOR	FEE	FL. DEPT. OF STATE		
	A (GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE	REGISTERED AND A	CTIV	E WATE TH	IS OFFICE			
12.	NOTE	GENERAL PARTNER	Y NOT be changed on th		; an ame	ndment must be filed						
DOCUMENT #			INFORMATION	13.			AL	DDRESS CH	IANGES ONL	<u>.Y</u>		
NAME		RICHARD P			ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP 1200 SOUTH FLAGLER DRIVE, SL WEST PALM BEACH FL 33401			JITE 1202	out.		500		1153	<u> </u>			
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CITY-ST-ZIP		_		CITY-S	ST-ZIP							
14. I hereby c	ertify that the	information supplied with t	his filing does not qualify for t	he even	antion state	ed in Coeties 110 OZ(DV)						

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:

Party NIMON

Richard P. G

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