

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A96000000772 1. Entity Name THE ZACHAR FAMILY LIMITED PARTNERSHIP				 <div style="text-align: right;"> FILED 04 SEP 10 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 2100 S. BORDER AVENUE INVERNESS, FL 34452		Mailing Address CHARLES ZACHAR 303 ZENITH LANE INVERNESS, FL 34452 2100 S. BORDER AVE 34452			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2100 S. BORDER AVE Suite, Apt. #, etc.			
City & State INVERNESS, FLORIDA		City & State INVERNESS, FLORIDA		4. FEI Number NOT APPLICABLE	
Zip 34452		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZACHAR, CHARLES 2100 S. BORDER AVENUE INVERNESS, FL 34452				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$490,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
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	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.					
SIGNATURE:			CHARLES K ZACHAR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 9-2-04 Daytime Phone #: 352-344-4156		

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