2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000000772

Entity Name: THE ZACHAR FAMILY LIMITED PARTNERSHIP

FILED May 11, 2005 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---|---|---------------------------------------|
| 2100 S. BORDER AVENU INVERNESS, FL 34452 | JE | | |
| Current Mailing Address: | | New Mailing Address: | |
| 2100 S. BORDER AVENU INVERNESS, FL 34452 | JE | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| ZACHAR, CHARLES 2100 S. BORDER AVENL INVERNESS, FL 34452 | JE US | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| | s Shown on record: 490,000 ributions in Florida to date: ATION: | | Y: |
| Document #: | | | |

Name: ZACHAR, CHARLES K

 Address:
 2100 S. BORDER AVENUE
 Address:

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 05/11/2005