## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #		,
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1. Entity Name
THE 74CHAD CAMILY HAPPED DADTNEDSHIP



THE ZACHAR FAMILY LIMITED PARTNERSHIP

Principal Place of Business
303-ZENITH LANE>
1NVERNESS FL 34459-

Mailing Address
CHARLES ZACHAR 303 ZENITH LANE

-INVERNESS FL 34458

2. Principal Place of Business

2100 5 BORDER AVE 2100 5. BORDER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

**DUE BY MAY 1, 2003** 

FILED

03 APR 10 AM 10: 02

SEURETARY OF STATE TALLAHASSEE, FLORIDA

		<u> </u>					
City & State		City & State		4. FEI Number NOT APPLICABLE			Applied For
INVERNESS	FLORIDA	INVERNESS	FLORIDA	1101741210	, 1066		Not Applicat
Zip 34452	Country	Zip 7445-9	Country	5. Certificate of Status Desired	18-7 T	8.75 e Beg	Additional

ZACHAR, CHARLES 3<del>03 ZENITH LANE</del> INVERNESS FL-34453 7. Name and Address of New Registered Agent
Name 2 ACHAR CHARLES
Street Address (RO Rev Number is Net Assestable)

Street Address (P.O. Box Number is Not Acceptable)

2100 S. BORDER AVENUE

City INVERNESS FL Zig Code

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 Fiorida. I am familiar with, and accept the obligations of registered agent.

9. Capital Contributions
as Shown on record.

SIGNATURE

d name of registered agent and title it applicable.

\$490,000.00

10. Amount of Capital Contributions

CHARLES K. ZACHAR

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

in FLORIDA to date.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	ZACHAR, CHARLES K 303 ZENITH LANE	STREET ADDRESS	2100 S. BORDER AVE. INVERNESS FL: 34452
CITY-ST-ZIP	INVERNESS FL 34453	GIT-SI-ZIP	INVERNESS FL: 34452
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-30-03

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