

DOCUMENT #		A96000002399	
1. Entity Name			
ZINK FAMILY LIMITED PARTNERSHIP			
Principal Place of Business		Mailing Address	
5119 ROLLING FAIRWAY DRIVE VALRICO FL 33594		5119 ROLLING FAIRWAY DRIVE VALRICO FL 33594-8221	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
LUBRANO, ANDREW J 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
9. Capital Contributions as Shown on record.		\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			13.
DOCUMENT #	ZINK, JAMES A 5119 ROLLING FAIRWAY DRIVE VALRICO FL 33594	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	ZINK, LYNETTE H 5119 ROLLING FAIRWAY DRIVE VALRICO FL 33594	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.04(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if I am the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

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DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-3416169		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
LUBRANO, ANDREW J 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip 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 Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record.	\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	ZINK, JAMES A 5119 ROLLING FAIRWAY DRIVE VALRICO FL 33594	STREET ADDRESS	
		CITY - ST - ZIP	700003313777--2 -07/05/00--01108--007 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ZINK, LYNETTE H 5119 ROLLING FAIRWAY DRIVE VALRICO FL 33594	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/13/00 (813) 273-9226