2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

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

04292004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3416169 ☐ Applied For ☐ Not Applicable

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
R. JAMES ROBBINS, JR, . 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA, FL 33602-0000	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

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 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 ZINK, LYNETTE H 5119 ROLLING FAIRWAY DRIVE VALRICO, FL 33594	STREET ADDRESS CITY-ST-ZIP	100000158945 05/10/04-80011-004 141.25
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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: Jim Zink 4/28/2004 813-273-9226