
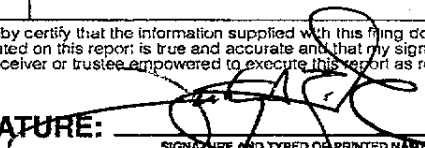


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
-Due By May 1, 2005**

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000002399					
1. Entity Name ZINK FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 5119 ROLLING FAIRWAY DRIVE VALRICO, FL 33594			Mailing Address 5119 ROLLING FAIRWAY DRIVE VALRICO, FL 33594		
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 <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
	ZINK, JAMES A				
STREET ADDRESS	5119 ROLLING FAIRWAY DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	VALRICO, FL 33594				
DOCUMENT #	NAME		STREET ADDRESS		
	ZINK, LYNETTE H				
STREET ADDRESS	5119 ROLLING FAIRWAY DRIVE				
CITY-ST-ZIP	VALRICO, FL 33594				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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)(f), 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: 			Date: 4/14/05		Daytime Phone #: 813-273-9226
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



04142005 Chg-LP CR2E003 (10/03)

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City **FL** Zip Code

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	
	ZINK, JAMES A		
STREET ADDRESS	5119 ROLLING FAIRWAY DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	VALRICO, FL 33594		
DOCUMENT #	NAME	STREET ADDRESS	
	ZINK, LYNETTE H		
STREET ADDRESS	5119 ROLLING FAIRWAY DRIVE		
CITY-ST-ZIP	VALRICO, FL 33594		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			

000000362853
05/05/05-80132-020 150.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: **4/14/05** Daytime Phone #: **813-273-9226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER