

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3416169	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent R. JAMES ROBBINS, JR., 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA, FL 33602-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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.				11. 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		
NAME	STREET ADDRESS		CITY-ST-ZIP		
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
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CITY-ST-ZIP	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 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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DAYTIME PHONE # 813-273-9226		



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

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.

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SIGNATURE: **DATE:** **4/14/05** **DAYTIME PHONE #** **813-273-9226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER