

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A97000000546 1. Entity Name SEEMA ZIMMERMAN FAMILY INVESTMENT CO., LTD.					
Principal Place of Business 800 N. MAGNOLIA AVE. STE 1500 ORLANDO, FL 32803			Mailing Address 800 N. MAGNOLIA AVE. STE 1500 ORLANDO, FL 32803		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02112004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3433321				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 NORTH MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$163,350.00			10. Amount of Capital Contributions in FLORIDA to date. \$163,350.00		
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 #	P97000019801		STREET ADDRESS		
NAME	SZF, INC.		CITY - ST - ZIP		
STREET ADDRESS	800 N. MAGNOLIA AVE.		CITY - ST - ZIP		
CITY - ST - ZIP	ORLANDO, FL 32803		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER

STEVEN J. ZIMMERMAN,
VICE PRESIDENT

4/30/04 **407 5997568**

Date Daytime Phone #