


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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000740**

1. Entity Name  
**ADZIN, LTD.**



Principal Place of Business  
**1400 NW 107TH AVENUE**  
**MIAMI, FL 33172-2704**

Mailing Address  
**1400 NW 107TH AVENUE**  
**MIAMI, FL 33172-2704**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. # etc.

City & State

Zip Country

02172005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0822666**

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

6. Name and Address of Current Registered Agent

**LEVY, JOEL**  
**1400 NW 107TH AVENUE**  
**MIAMI, FL 33172**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,500.00**

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 #	<b>P98000026401</b>	STREET ADDRESS	
NAME	<b>ADZIN, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1400 NW 107TH AVENUE</b>		
CITY - ST - ZIP	<b>MIAMI, FL 331722704</b>		
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 05/06/05-80021-005 141.25

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:**  **Joel Levy** Executive Vice President of GP 4/15/05 (305) 392-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE