## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Jan 09, 2007 08:00 AN Secretary of State

	Due By May 1, 2007	*	
DOCUMENT # 408000002806			451

1. Entity Name ZAMÍKOFF, LIMITED

Principal Place of Business

Mailing Address

915 50TH STREET COURT WEST BRADENTON, FL 34209

2103 59TH STREET WEST BRADENTON, FL 34209



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0924814

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ZAMIKOFF, IRVING I

## DO NOT WRITE

BRADENTON, FL 34209		IN THIS SPACE		
8. The above the obligat	ions of registered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  U00000580323  01/10/07-80042-011 500.00		
	Signature, typed or printed name of registered agent and title if applicable.	DATE		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			
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.  DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP  DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP  DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP  OCCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	GENERAL PARTNER INFORMATION  ZAMIKOFF, IRVING I 915 50TH STREET COURT WEST BRADENTON, FL 34209	DO NOT WRITE		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP				
DOCUMENT #		epon.		

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: .

NAME STREET ADDRESS

> SIGNATURE AND TYPED OR IGNING GENERAL PARTNER