## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## Due By May 1, 2007 DOCUMENT # A99000001133 1. Entity Name F & R ZINN INVESTMENTS, LTD.

**FILED** Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business 9350 WEST BAY HARBOR DRIVE, NO. 5-A BAY HARBOR ISLANDS, FL 33154

Mailing Address

8920 SW 105TH STREET MIAMI, FL 33176



01162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0942760

Applied For Not Applicable

		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent	
ZINN, RICHARD 7774 NW 48TH STREET SUITE 110 MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the purpose of changing its registerions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	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	U00000611289 02/02/07-80055-011 500.00
		MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. m; an amendment must be filed to change a general partner.
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P99000060128 F & R ZINN HOLDINGS, INC. 9350 WEST BAY HARBOR DRIVE, NO. 5-A BAY HARBOR ISLANDS, FL 33154	DO NOT WRITE IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS		IN THIS SPACE

14. I hereby certify that the information supplied with this filing 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:

CITY-ST-ZIP

INTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #