

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 8:43

DOCUMENT #A99000001931

1. Entity Name
ZELL FAMILY, LTD.Principal Place of Business
141 GREENS ROAD
HOLLYWOOD, FL 33021Mailing Address
141 GREENS ROAD
HOLLYWOOD, FL 33021600075029376
05/22/06--01045--003 **526.25

03312008 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0965896Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELL, DAVID E
141 GREENS ROAD
HOLLYWOOD, FL 33021

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 except the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00A 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ZELL, DAVID E TRUSTEE
141 GREENS ROAD
HOLLYWOOD, FL 33021DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ZELL, PATRICIA W TRUSTEE
141 GREENS ROAD
HOLLYWOOD, FL 33021DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNER GENERAL PARTNER

Date

Signature Page #

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