

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001931

1. Entity Name
ZELL FAMILY, LTD.



Principal Place of Business
**141 GREENS ROAD
HOLLYWOOD, FL 33021**

Mailing Address
**141 GREENS ROAD
HOLLYWOOD, FL 33021**



01232007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965896

Applied For
Not Applicable

5. 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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. GENERAL PARTNER INFORMATION

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

100000712276
04/26/07-80040-022 500.00

**DO NOT WRITE
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:

DAVID E. ZELL

3/10/07
Date

954-9835925
Daytime Phone #

STAPLE CHECK HERE