

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013062  
AT

<b>DOCUMENT # A99000002252</b>		
1. Entity Name <b>ZAMBITO FAMILY LIMITED PARTNERSHIP</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -9 PM 2:24

Principal Place of Business <b>FARM ACREAGE, 6600 BLOCK VAN DYKE ROAD LUTZ FL 33549 33558</b>	Mailing Address <b>3602 BERGER ROAD LUTZ FL 33549- 33548</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3616773</b>	Applied For <input type="checkbox"/> Not Applicable

Zip <b>33558</b>	Country <b>Hillsborough</b>	Zip <b>33548</b>	Country <b>Hillsborough</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>KELLY, PETER J ONE HUNDRED SOUTH ASHLEY DRIVE, STE. 1300 TAMPA FL 33602</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$4,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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>ZAMBITO, NELSON P 3602 BERGER ROAD LUTZ FL 33548</b>	STREET ADDRESS	<b>800015551032</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	<b>ZAMBITO, PAULINE P 3602 BERGER ROAD LUTZ FL 33548</b>	STREET ADDRESS	<b>04/09/03--01032--018 **526.25</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date <b>4/03/03</b>	Daytime Phone # <b>813-961-2750</b>
<small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)</small>		

CR2E003 (10/02)