

BO1000000 362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

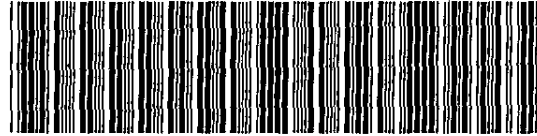
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BO1-362

Office Use Only



500040673645

10/11/04--01003--018 \*\*1750.00

06 OCT 11 AM 8:14

U.S. DEPARTMENT OF JUSTICE

\$1750-LP

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZS Service Champ LP.  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Horne  
(Name of Person)

ZS Service Champ LP  
(Firm/Company)

54 Morris Lane  
(Address)

Searsdale NY 10583  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lydia Lis at (212) 3986200  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

04 OCT 11 AM 8:14  
Division of Corporations

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of ZS Service Champ LP  
\_\_\_\_\_ a (an) Limited Partnership, executed this  
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of  
the capital contributions of the limited partners allocated for the purpose of transacting  
business in Florida is: \$ 798601.

Signed this 7 day of September, 2004.

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true,  
to the best of my knowledge and belief.*

General Partner

ZS Service Champ LLC

Robert A. [Signature]  
Manager

2004 OCT 11 AM 8:14

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**