2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DÓCUMENT # B0100000362  1. Entity Name ZS SERVICE CHAMP L.P.								
Principal Place of Business Mailing Address 54 MORRIS LANE 54 MORRIS LANE SCARSDALE, NY 10583 SCARSDALE, NY 10583			33		2005 MAY -3 P 12: 47			
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052005	Chg-LP	CR2E003	3 (10/03)
City & State		City & State			4. FEI Number 13-41902	.89		Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of	Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)				
				City	EL Zip Code			
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 accepted the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable.  On Consider Country street.								
as Shown on record. \$798,601.00 in FLORIDA to date. 311,180 12,16.25								
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           DOCLIMENT #         M01000002359				EET ADDRESS		ADDRESS CH	ANGES ONLY	<u> </u>
NAME STREET ADDRESS	ZS SERVICE CHAMP L.L.C.			_				1.110,40,1-1.1.11
CITY-ST-ZIP	SCARSDALE, NY 10583		cm	r-st-zip		n538	<del>2265</del>	7
DOCUMENT / NAME			STR	EET ADDRÉSS	05/0470501021020 **2276.25			
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NAME STREET ADDRESS CITY-ST-ZIP			CIT	Y-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 effect this report as required by Chapter 620, Florida Statutes								
SIGNATURE: Palet 1 5/2/05 212-398-6200								
SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date  Date								