


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 047 ****50.00

DOCUMENT # L04000002905	
1. Entity Name Z & R PARTNERS, LLC	

Principal Place of Business 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312	Mailing Address 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432	3. Mailing Address 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
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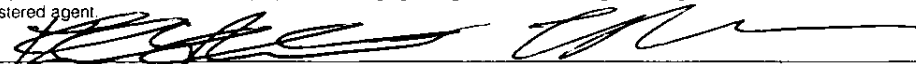
Zip 33432	Country USA	Zip 33432	Country USA
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6. Name and Address of Current Registered Agent KLINK, CHRISTIAN J 39000 SW 30 AVE STE 3 FORT LAUDERDALE, FL 33317	
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04262007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 01-0804833	Applied For <input type="checkbox"/> Not Applicable	

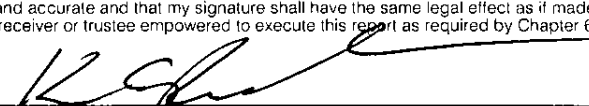
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Richardson Christopher (acceptable) 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 City FL Zip Code	
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8. 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 4/27/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RICHARDSON, KENNETH E 3900 SW 30TH AVE., SUITE 3 FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kenneth Richardson 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	Date 4/27/07 (561) 8694300