## 2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0400000339

**Entity Name: ZOG LIMITED PARTNERSHIP** 

**Current Principal Place of Business:** 

75 NE 5TH STREET APT. O

DELRAY BEACH, FL 33483

## **Current Mailing Address:**

P.O. BOX 810848 BOCA RATON, FL 33481

FEI Number: 20-0822240 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OHREN, BARBARA 75 NE 5TH STREET APT. O DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED May 01, 2013

**Secretary of State** 

CC4244749846

## **General Partner Detail:**

Document # L03000056429 Name ZOG LLC

Address 75 NE 5TH STREET

APT. O

SIGNATURE: BARBARA OHREN

City-State-Zip: DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing General Partner Detail

MANAGING MEMBER

05/01/2013

Date