


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90019 019 ****50.00

DOCUMENT # L00000004303
 1. Entity Name
ZICHI ENTERPRISES, L.L.C.



Principal Place of Business Mailing Address
5010 AVENUE AVIGNON **5010 AVENUE AVIGNON**
LUTZ FL 33549 **LUTZ FL 33549**



2. Principal Place of Business 3. Mailing Address
18819 AVENUE BIARRITZ **18819 AVENUE BIARRITZ**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State
LUTZ, FL **LUTZ, FL**
 Zip Country Zip Country
33558 **USA** **33558** **USA**

4. FEI Number Applied For
59-3640287 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ZICHI, SALVATORE J
5010 AVENUE AVIGNON
LUTZ FL 33558

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
18819 AVENUE BIARRITZ
 City State Zip Code
LUTZ **FL** **33558**

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 *Salvatore J. Zichi* DATE 2-04-06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ZICHI, MARY KATHRYN	
STREET ADDRESS	5010 AVENUE AVIGNON	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZICHI, MARY KATHRYN		
STREET ADDRESS	18819 AVENUE BIARRITZ		
CITY-ST-ZIP	LUTZ, FL 33558		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary K. Zichi* MARY K. ZICHI DATE 2-04-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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