


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90007 020 ***150.00

DOCUMENT # L01000004364	
1. Entity Name ZERO CAVITY, LLC	

Principal Place of Business 1000 9TH ST N STE 502 P.O. BOX 2391 NAPLES, FL 34106	Mailing Address 1000 9TH ST N STE 502 P.O. BOX 2391 NAPLES, FL 34106
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3709436	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
1000 9TH ST N STE 502
NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, GERARDO Gerardo 2590 WINDWARD WAY NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, GERARDO Gerardo 2590 WINDWARD WAY NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTIAGO, GERARDO Gerardo 2590 WINDWARD WAY NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERARDO, SANTIAGO Gerardo 2590 WINDWARD WAY NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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: Max A. Holcher / Max Official 1-13-05 239-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

649-
7227