


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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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03032006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE P	SANTIAGO, GERARDO 2590 WINDWARD WAY NAPLES, FL 34103
TITLE VP	SANTIAGO, GERARDO 2590 WINDWARD WAY NAPLES, FL 34103
TITLE S	SANTIAGO, GERARDO 2590 WINDWARD WAY NAPLES, FL 34103
TITLE T	GERARDO, SANTIAGO 2590 WINDWARD WAY NAPLES, FL 34103
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

000000485401
 04/12/06-80081-020 50.00

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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: 3/20/06 Day/Time Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE