


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015322	
1. Entity Name ZMMA SALES L.L.C.	

Principal Place of Business 3001 NW 60 STREET FT. LAUDERDALE, FL 33309	Mailing Address 3001 NW 60 STREET FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1009944	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 WERMUTH LAW P.A. 8300 NW 53RD STREET, SUITE 308 MIAMI, FL 33166-7846	DO NOT WRITE IN THIS SPACE
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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 _____

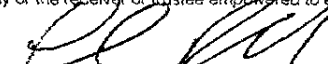
**Filing Fee is \$50.00
Due by May 1, 2004**

U00000103111
04/05/04-80043-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHENKER, MATT 2 HAWKSLEY DRIVE, P.O. BOX 168 OXFORD, MA 01540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROWLAND, PAUL 2 HAWKSLEY DRIVE, P.O. BOX 168 OXFORD, MA 01540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE:  **3-1-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #