


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90041 013 ****50.00

DOCUMENT # L04000001625

1. Entity Name
ZURICH MANAGEMENT, LLC



Principal Place of Business
**16191 SAN CARLOS BLVD.
 FORT MYERS, FL 33919**

Mailing Address
**16191 SAN CARLOS BLVD.
 FORT MYERS, FL 33919**

20057088

2. Principal Place of Business
16171 San Carlos Blvd.

3. Mailing Address
16171 San Carlos Blvd.

Suite, Apt. #, etc.
Unit #1

Suite, Apt. #, etc.
Unit #1

City & State
Fort Myers, FL

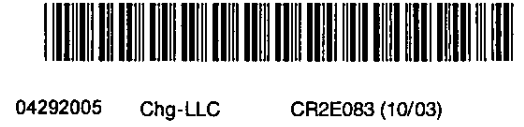
City & State
Fort Myers, FL

Zip
33908

Country
USA

Zip
33908

Country
USA



4. FEI Number
NOT APPLICABLE

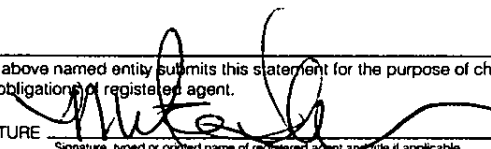
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ILER, M.R.
 16191 SAN CARLOS BLVD.
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
 Name **Iler, Michael R.**
 Street Address (P.O. Box Number is Not Acceptable)
16171 San Carlos Blvd.
 City **Fort Myers, FL** Zip Code **33908**

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  Pres. DATE **04/29/05**

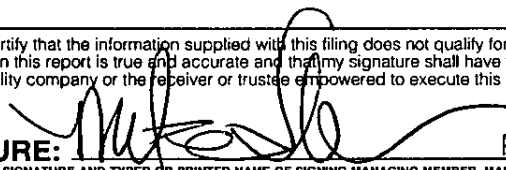
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZURICH INVESTMENTS, INC. 16191 SAN CARLOS BLVD. FORT MYERS, FL 339083304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Zurich Investments Inc. 16171 San Carlos Blvd. Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAROLWIN, LLC 1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  Pres. DATE **04/29/05** (239) 454-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #