


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015321
 1. Entity Name
CZI, L.L.C.



Principal Place of Business 3845 INDIAN TRAIL DESTIN, FL 32541	Mailing Address 3845 INDIAN TRAIL DESTIN, FL 32541
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01262006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0938807	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
**LOVE, TED L
 3845 INDIAN TRAIL
 DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, TED L 3845 INDIAN TRAIL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASSELL, DONALD 1164 WYNDEGATE DRIVE ORANGE PARK, FL 32073
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 02/10/06-80051-014 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 609, Florida Statutes.

SIGNATURE: Ted Love **TED L. LOVE** 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #