

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054304

FILED
May 01, 2008
Secretary of State

Entity Name: ZTE, LLC

Current Principal Place of Business:

2850 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

16159 SW 54TH COURT
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-1521959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZURICH, ZACHARY
95625 OVERSEAS HWY
KEY LARGO, FL 33037 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZURICH, ZACHARY
Address: 95625 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM () Delete
Name: DEROSA, TONY
Address: 9600 NW 25 STREET PH
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: SARDUY, JOSEPH E
Address: 16159 SW 54TH COURT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH E SARDUY

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date