

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113368

Entity Name: ZP&W LAND HOLDINGS IV, LLC

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

C/O ZUMPARNO, PATRICIOS & WINKER, P.A.  
999 PONCE DE LEON BLVD., PENTHOUSE 1110  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ZUMPARNO, PATRICIOS & WINKER, P.A.  
999 PONCE DE LEON BLVD., PENTHOUSE 1110  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3916800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINKLER, DAVID ESQ.  
C/O ZUMPARNO, PATRICIOS & WINKER, P.A.  
999 PONCE DE LEON BLVD., PENTHOUSE 1110  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

WINKER, DAVID ESQ.  
C/O ZUMPARNO, PATRICIOS & WINKER, P.A.  
999 PONCE DE LEON BLVD., PENTHOUSE 1110  
CORAL GABLES, FL 33134 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: DW

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: ZUMPARNO, JOSEPH I  
Address: 999 PONCE DE LEON BLVD, PH-1110  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: JZ

P

04/26/2006

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