

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068763

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: ZONTROM, LLC

**Current Principal Place of Business:**

1042 N. U.S. HIGHWAY 1, STE. 2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1042 N. U.S. HIGHWAY 1, STE. 2  
ORMOND BEACH, FL 32174

**New Mailing Address:**

171 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

FEI Number: 20-3267887      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:**

BLUM, SAMUEL S ESQ  
2666 TIGERTAIL AVENUE, STE. 106  
COCONUT GROVE, FL 33133      US

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

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: WASSERSTROM, JOSEPH R  
Address: 1042 N. U.S. HIGHWAY 1, STE. 2  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WASSERSTROM, JOSEPH R  
Address: 619 DUNWOODIE DRIVE  
City-St-Zip: CINCINNATI, OH 45230

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: JOSEPH R WASSERSTROM

MGRM

07/11/2006

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