

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 00000000 147

1. Entity Name

DAZ1 LTD

FILED

01 APR -4 AM 10:46

Principal Place of Business

Mailing Address

3869 NW ROYAL OAK DR
JENSEN BEACH, FL
34957

3869 NW ROYAL OAK DR.
Jensen Beach, FL 34957

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0974826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Geoffrey I. McKelvey

Street Address (P.O. Box Number is Not Acceptable)

3869 NW ROYAL OAK DR.

City

Jensen Beach

FL

Zip Code

34957

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record.

17,001,000

10. Amount of Capital Contributions

in FLORIDA to date.

0,000,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L 00000000 747
NAME ZAD1, LLC
STREET ADDRESS 3869 NW ROYAL OAK DRIVE
CITY-ST-ZIP Jensen Beach, FL 34957

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100003996031--4
-04/13/01--01012--021
****526.25 ****526.25

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)