2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 28, 2004 8:00 am Secretary of State

Principal Place of Business 3869 W ROYAL OAK DR 2. Melling Address 3869 W ROYAL OAK DR 2. Principal Place of Business 3869 W ROYAL OAK DR 2. Melling Address 3869 W ROYAL OAK DR 2. Melling Address 3869 W ROYAL OAK DR 3869	DOCUI 1. Entity Name ZADI, LLC	ie	# L00000000		01-28-2004 90022 021 ****50.00							
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Zip Country Zip Country S. Certificate of Status Desired S.5.00 Additional Five Required S.5.00 Additional Five Required Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) S.5.00 Additional Five Delignations of registered agent, or both, in the State of Florida. I am termiliar with, and accept the poliphatons of registered agent or both, in the State of Florida. I am termiliar with, and accept the poliphatons of registered agent or both, in the State of Florida. I am termiliar with, and accept the politic property of the p	Suite, Apt. #, etc.			Suite, Apt. #, etc.		01162004	Chg-LLC	CR2E08	33 (10/03)			
S. Certificate of Status Dispired Fee Required	City & State			City & State								
MCKELVEY, GEOFFREY I 3869 NW ROYAL OAK DR JENSEN BEACH, FL 34957 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature space Signature S	Zìp		Country	. Zip	Cour	itry	1					
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent.								
Street Address (P.O. Box Number is Not Acceptable)	MCKELVE	Y GEOEE	DEV I			Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it reprised to 10.0TE Registered Agent signature resulted when reinstalling. Pilling Fee is \$50.00 Busing Flitting Fee is \$50.00 Make check payable to Florida Department of State NAME ADDITIONS/CHANGES TITLE MGRRI MCKELVEY, GEOFFREY I SIREET ADDRESS CITY-ST-2P TITLE MGRRI MCKELVEY, GEOFFREY I SIREET ADDRESS CITY-ST-2P TITLE Delete NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete NAME SIREET ADDRESS CITY-ST-2P TITLE Delete NAME SIREET ADDRESS CITY-ST-2P TITLE Delete NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TI	3869 NW ROYAL OAK DR					Street Address (P.O. Box Number is Not Acceptable)						
B. 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 femiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed memor diregistered agent and site if applicable. (NOTE Registered Agent signature required when neinstating) DATE FILING Fee is \$50.00 The by May 1, 2004 Make check payable to Florida Department of State MORAL PROPERS TITLE MORAN MOKCELVEY, GEOFFREY I SIREET ADDRESS CITY-51-2P TITLE MORES CITY-51-2P T	•=•=		. •								,	
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11. I hereby certify that the information supplied with this filing does not guilify 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 managing member or manager of the limited liability company or the received or trustee employered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated limited lia	certify that the f on this repor ability compar	e information supplied with t is true and acciliate and ny or the receiver or truste	n this filing does not qualify fo I that my signature shall have e emplowered to specute this	or the exe the sam report a	emption stated in Si e legal effect as if r s required by Char	ection 119.07(3) made under oatl oter 608, Florida	(i), Florida Statutes n; that I am a manag Statutes.	further cert jing membe	ify that the i ir or manage	nformation er of the	