

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90019 019 \*\*\*\*50.00

**DOCUMENT # L00000004303**

1. Entity Name

ZICHI ENTERPRISES, L.L.C.



Principal Place of Business

5010 AVENUE AVIGNON  
LUTZ FL 33549

Mailing Address

5010 AVENUE AVIGNON  
LUTZ FL 33549



2. Principal Place of Business

18819 AVENUE BIARRITZ

Suite, Apt. #, etc.

3. Mailing Address

18819 AVENUE BIARRITZ

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

59-3640287

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZICHI, SALVATORE J  
5010 AVENUE AVIGNON  
LUTZ FL 33558

7. Name and Address of New Registered Agent

Name

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

18819 AVENUE BIARRITZ

City

LUTZ

FL

Zip Code

33558

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Salvatore J. Zichi*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-04-06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ZICHI, MARY KATHRYN  
STREET ADDRESS 5010 AVENUE AVIGNON  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME ZICHI, MARY KATHRYN  
STREET ADDRESS 18819 AVENUE BIARRITZ  
CITY-ST-ZIP LUTZ, FL 33558

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Mary K. Zichi*

MARY K. ZICHI

2-04-06

Date

Signature Page #

813-948-2022