

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008289

FILED
Apr 16, 2004
Secretary of State

Entity Name: ZOO BROWSE, L.L.C.

Current Principal Place of Business:

7677 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

1535 "B" ROAD
LOXAHATCHEE, FL 33470

Current Mailing Address:

7677 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

1535 "B" ROAD
LOXAHATCHEE, FL 33470

FEI Number: 65-1062817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALD J. FREEMAN, P.A.
1400 CENTREPARK BLVD., SUITE 909
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: MGRM () Delete
Name: BOYD, WILLIAM W
Address: 7677 S. MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM () Delete
Name: BOYD, TRACEY F
Address: 7677 S. MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOYD, WILLIAM W
Address: 1535 "B" ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM (X) Change () Addition
Name: BOYD, TRACEY F
Address: 1535 "B"
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TRACEY F. BOYD

MGRM

04/16/2004

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