2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011779

1. Entity Name

Zacke's Decca Crete

FILED
01 JUL 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5460 E Gwendolyn Path INVERNESS, FL 344527081	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
INVERNESS →	5460 E Gwendolyn Path
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS, FL	City & State →
Zip: 34452 7081 Country: Citrus	Zip → Country →

4. FEI Number 59-3693885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Mecca Kay Zacke 5460 E Gwendolyn Path INVERNESS, FL 344527081	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Mecca Kay Zacke 5/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE: PRES. ☐ Delete NAME: Mecca K Zacke STREET ADDRESS: 5460 E Gwendolyn Path CITY-ST-ZIP: Inverness FL 34452-7081	☐ Change ☐ Addition 700004509667-- -07/31/01--01060--027 *****50.00 *****50.00
TITLE: Vice Pres. ☐ Delete NAME: Harry A. Zacke STREET ADDRESS: 5460 E. Gwendolyn Path CITY-ST-ZIP: Inverness FL 34452-7081	☐ Change ☐ Addition
TITLE: PRES. ☐ Delete NAME: Craig D. Zacke STREET ADDRESS: 5430 E. Gwendolyn Path CITY-ST-ZIP: Inverness, FL 34452 7081	☐ Change ☐ Addition
~~TITLE: Sec. Erin T Boccia~~ ☐ Delete ~~NAME~~ ~~STREET ADDRESS: 1123 Mossy Oak Dr.~~ ~~CITY-ST-ZIP: Inverness, FL 34450~~	☐ Change ☐ Addition
TITLE: Sec. ☐ Delete NAME: Erin T Boccia STREET ADDRESS: 1123 Mossy Oak Dr. CITY-ST-ZIP: Inverness, FL 34450	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E083 (11/00)

11. 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 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: Mecca Kay Zacke 7/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #