

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013106

Entity Name: ZVETCO, LLC

FILED  
Apr 04, 2006  
Secretary of State

**Current Principal Place of Business:**

6820 HANGING MOSS ROAD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

6820 HANGING MOSS ROAD  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 59-3575343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, ZEVOLUN  
6820 HANGING MOSS ROAD  
ORLANDO, FL 32807 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: COHEN, ZEVOLUN  
Address: 6820 HANGING MOSS RD.  
City-St-Zip: ORLANDO, FL 32807

Title: MGR ( ) Delete  
Name: RUSSELL, JOHN  
Address: 6820 HANGING MOSS RD.  
City-St-Zip: ORLANDO, FL 32807

Title: MGR ( ) Delete  
Name: RICE, ROBIN  
Address: 6820 HANGING MOSS RD  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ZAVI COHEN

CEO

04/04/2006

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