


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015973 1. Entity Name ZOLLER, LLC	
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Principal Place of Business 6375 MCKOWN ROAD SARASOTA, FL 34240	Mailing Address 6375 MCKOWN ROAD SARASOTA, FL 34240
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01062006No Chg-LLC

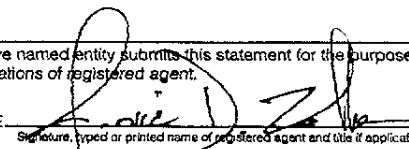
CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZOLLER, JANICE D 6375 MCKOWN ROAD SARASOTA, FL 34240

**DO NOT WRITE
IN THIS SPACE**

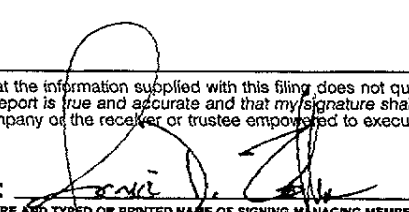
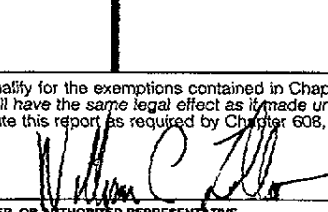
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZOLLER, JANICE D 6375 MCKOWN RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZOLLER, WILLIAM C 6375 MCKOWN RD SARASOTA, FL
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01/20/06-80005-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		1.13.2006 941.371.4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

JANICE D. ZOLLER

WILLIAM C. ZOLLER