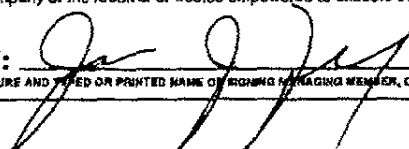


FILED

May 20, 2004 08:00 AM
Secretary of State2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000011747		
1. Entity Name JOHN J. ZACK LLC		
Principal Place of Business 557 DEVILS LANE NAPLES, FL 34103		Mailing Address 557 DEVILS LANE NAPLES, FL 34103
DO NOT WRITE IN THIS SPACE		
		 05112004No Chg-LLC CR2E083 (10/03)
4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ZACK, JOHN J 557 DEVILS LANE NAPLES, FL 34103		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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when reappointing)		
Filing Fee is \$50.00 Due by September 8, 2004 05/20/04-80002-015 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZACK, JOHN J 557 DEVILS LANE NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: 5/11/04 Daytime Phone: _____