

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

Kenn

**FILED**

**Feb 04, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L01000011855**

1. Entity Name  
**ZEE IV, LLC**



Principal Place of Business  
**210 HYDE PARK PLACE #2  
TAMPA, FL 33606**

Mailing Address  
**13932 SHADY SHORES DRIVE  
TAMPA, FL 33613**

**DO NOT WRITE IN THIS SPACE**



01052004 No 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**

**ZUSMAN, RHODA  
13932 SHADY SHORES DRIVE  
TAMPA, FL 33613**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reorganizing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ZEE MANAGEMENT INC  
13932 SHADY SHORES DRIVE  
TAMPA, FL 33613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

000000036166  
02/06/04-80046-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jack Zushman* **JACK ZUSMAN**

02/06/04 813 962 3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #