


Apr 14, 2006 08:00 A
Secretary of State

DOCUMENT # L01000011855

1. Entity Name
ZEE IV, LLC



Principal Place of Business
1407 S. LORENZO, #2
TAMPA FL 33629

Mailing Address
13932 SHADY SHORES DRIVE
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent
ZUSMAN, RHODA
13932 SHADY SHORES DRIVE
TAMPA FL 33613

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jack Zushman JACK ZUSMAN

01/25/2006

(813) 962-3854

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

Date

Daytime Phone #