


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90554 006 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| DOCUMENT # L01000014037  |  |  |   |    |  |
| <b>1. Entity Name</b><br>ZANDRA, LLC   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>VINCENT ZARRELLA<br>12130 NW 7TH STREET<br>PLANTATION, FL 33325  |  |  | <b>Mailing Address</b><br>VINCENT ZARRELLA<br>12130 NW 7TH STREET<br>PLANTATION, FL 33325 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>                                    |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 03242004    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>13-4194975   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| ZARRELLA, VINCENT<br>12130 NW 7TH STREET<br>PLANTATION, FL 33325   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code     |   |  |
| <b>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.</b>   |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ZARELLA, VINCENT<br>12130 NW 7TH ST<br>PLANTATION, FL 33325 <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ZARELLA, KOLETRAI<br>12130 NW 7TH ST<br>FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>KALEROI ZARRELLA<br>12130 NW 7TH ST<br>PLANTATION, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Vincent Zarrella</i>  |  |  | 3/24/04 934-746-8081  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date    Daytime Phone #   |   |  |