


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017959	
1. Entity Name ZURBANO - CHRISTOPH LLC	

Principal Place of Business CYPRESS VILLAGE PROF BG 7480 FAIRWAY DRIVE, SUITE 103 MIAMI LAKES, FL 33014	Mailing Address CYPRESS VILLAGE PROF BG 7480 FAIRWAY DRIVE, SUITE 103 MIAMI LAKES, FL 33014
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01152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1148020	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 ZURBANO, NURY DR. CYPRESS VILLAGE PROFESSIONAL BLDG 7480 FAIRWAY DRIVE, SUITE 103 MIAMI LAKES, FL 33014

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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 required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZURBANO, NURY 13930 LURAY RD SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHRISTOPH, VICTOR 13930 LURAY RD SOUTHWESTERN RANCHES, FL 33330
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01/23/06-80016-017 50.00

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IN THIS SPACE**

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: *Nury Zurbano / Victor Christoph* 01-15-06 305-5574381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #