


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L01000017959

1. Entity Name  
**ZURBANO - CHRISTOPH LLC**



Principal Place of Business      Mailing Address

**CYPRESS VILLAGE PROF BG**      **CYPRESS VILLAGE PROF BG**  
**7480 FAIRWAY DRIVE, SUITE 103**      **7480 FAIRWAY DRIVE, SUITE 103**  
**MIAMI LAKES, FL 33014**      **MIAMI LAKES, FL 33014**



**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
**65-1148020**      Not Applicable

5. Certificate of Status Desired            **\$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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000776685  
 01/09/08-80035-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ZURBANO, NURY
STREET ADDRESS	13930 LURAY RD
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330
TITLE	V
NAME	CHRISTOPH, VICTOR
STREET ADDRESS	13930 LURAY RD
CITY-ST-ZIP	SOUTHWESTERN RANCHES, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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* / *Nury Zurbano*      01-06-08      305-5574391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #