

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90500 033 \*\*\*\*50.00

**DOCUMENT # L02000001397**  
 1. Entity Name  
**R & Z INVESTMENTS, L.L.C.**



Principal Place of Business      Mailing Address  
 1260 SOUTH HIGHWAY US 1      1260 SOUTH HIGHWAY US 1  
 ROCKLEDGE FL 32955      ROCKLEDGE FL 32955

**24054010**



MOORE      CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address  
**830 EXECUTIVE LANE**      **830 EXECUTIVE LANE**  
 Suite Apt. #, etc.      Suite Apt. #, etc.  
**120**      **120**

City & State      City & State  
**ROCKLEDGE, FLORIDA**      **ROCKLEDGE, FLORIDA**  
 Zip      Country      Zip      Country  
**32955**      **USA**      **32955**      **USA**

4. FEI Number      Applied For  
**30-0028748**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FALLACE, JAMES H**  
**1900 S. HICKORY STREET STE A**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (R.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 \_\_\_\_\_ (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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIERGLER, BRIAN S 1260 SOUTH US 1 ROCKLEDGE FL 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, LAWRENCE G 1260 SOUTH US 1 ROCKLEDGE FL 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>830 EXECUTIVE LANE, SUITE 120</b> <b>ROCKLEDGE, FLORIDA 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>830 EXECUTIVE LANE, SUITE 120</b> <b>ROCKLEDGE, FLORIDA 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**       **3/30/2004**      **321-639-2551**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #