## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000006143

Entity Name

ZEUŚ INVESTMENT GROUP, LLC



Principal Place of Business

3361 ROUSE ROAD SUITE 155

ORLANDO, FL 32817

Mailing Address

3361 ROUSE ROAD SUITE 155

ORLANDO, FL 32817

## FILED Apr 05, 2004 08:00 AM Secretary of State



04012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVOTNY, ALAN J 3361 ROUSE ROAD SUITE 155 ORLANDO, FL 32817

CRTY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32817		IN THIS SPACE	IN INIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am fam	illiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)  OATE	_ <del></del> _	
Fi	iling Fee is \$50.08 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS	And the state of t		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVOTNY, ALAN J 3361 ROUSE ROAD ORLANDO, FL 32817	U00000104034 04/05/04-80079-I	12E ER 60	
HTLE NAME STREET ADDRESS CATY-ST-ZIP		07/83/07 008/3-/	JZ3 38.UU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY -ST - ZIP		IN THIS SPACE		
THE NAME STREET ADDRESS CITY-ST-299				
TITLE NAME SIREE! ADDRESS				

11. I hereby certify that the Information supplied with this filling 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:
SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/1/57/ Oata

Daytime Phone #