

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011169

Entity Name: ZISLAND, L.L.C.

FILED
Jul 28, 2004
Secretary of State

Current Principal Place of Business:

2151 OLEANDER STREET
ST. JAMES CITY, FL 339562029

New Principal Place of Business:

2151 OLEANDER STREET
ST. JAMES CITY, FL 33945 US

Current Mailing Address:

POST OFFICE BOX 537
PINELAND, FL 33945

New Mailing Address:

POST OFFICE BOX 536
PINELAND, FL 33945

FEI Number: 75-3051935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFERS, PETER D
2151 OLEANDER STREET
ST. JAMES CITY, FL 339562029

Name and Address of New Registered Agent:

JEFFERS, PETER D
2151 OLEANDER STREET
ST. JAMES CITY, FL 33945 US

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.

SIGNATURE: PETER D JEFFERS

07/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JEFFERS, PETER D
Address: POST OFFICE BOX 536
City-St-Zip: PINELAND, FL 33945

Title: MGRM () Delete
Name: GERDING, PAUL
Address: POST OFFICE BOX 536
City-St-Zip: PINELAND, FL 33945

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GERDING, PAUL
Address: POST OFFICE BOX 793
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL GERDING

MGM

07/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date