

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90029 007 ****50.00

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04172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L02000021200 1. Entity Name MARCO ZAIA, LLC					
Principal Place of Business 110 EAST BROWARD BLVD., STE. 1900 FT. LAUDERDALE, FL 33301			Mailing Address 110 EAST BROWARD BLVD., STE. 1900 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102-A		3. Mailing Address 1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102-A			
City & State PLANTATION, FL		City & State PLANTATION, FL			
Zip 33322		Country USA		Zip 33322	
Country USA		Country USA			
4. FEI Number 52-2375987			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PONSARD, JONATHAN 110 EAST BROWARD BLVD., STE. 1900 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1802 N. UNIVERSITY DR 102-A City PLANTATION FL Zip Code 33322		
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 <u><i>[Signature]</i></u> JONATHAN PONSARD <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM PONSARD, JONATHAN 110 E BROWARD BLVD., STE 1900 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 1802 N. UNIVERSITY DR 102-A PLANTATION, FL, 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			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 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: <u><i>[Signature]</i></u> JONATHAN PONSARD 04-17-06 954332332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					