

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000021443**

1. Entity Name  
**ZUPNIK HAVERLAND, LLC**



Principal Place of Business

**C/O JAY MIROWITZ  
7353 SW 9TH COURT  
PLANTATION, FL 33317**

Mailing Address

**C/O JAY MIROWITZ  
7353 SW 9TH COURT  
PLANTATION, FL 33317**

**DO NOT WRITE IN THIS SPACE**



01132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**02-0645810**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**BARBARA A. BOWEN  
SPECIAL ASSISTANT SECRETARY**

SIGNATURE

*Barbara A Bowen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-25-05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ZUPNIK, STANLEY R 5530 WISCONSIN AVENUE SUITE 900 CHEVY CHASE, MD 208154330</b>
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U00000206828  
02/01/05-80021-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Stanley R. Zupnik**

**1-14-05**

**301-951-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #