

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025200

FILED
Apr 12, 2004
Secretary of State

Entity Name: ZAP L.L.C.

Current Principal Place of Business:

C/O MR. JIRI TABORSKY
9808 28TH AVENUE EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

C/O MR. JIRI TABORSKY
9808 28TH AVENUE EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 13-4267447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABORSKY, JERI
9808 28TH AVE E
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BARNETT, BLANKA TABORSK
Address: 1308 BALFOUR DOWNS CIR
City-St-Zip: FUQUAY VARINA, NC 27526

Title: MGR () Delete
Name: TABORSKY, JIRI
Address: 9808 28TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: MCCLURE, CHARLES A
Address: 160 KENDAL DR STE. 1008
City-St-Zip: LEXINGTON, VA 24450

ADDITIONS/CHANGES:

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

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

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

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: TABORSKY, JERI

MR.

04/12/2004

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