


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90001-027-\$50.00-\$50.00

DOCUMENT # L02000025200

1. Entity Name
ZAP L.L.C.



FILED
03 OCT 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business: **C/O MR. JIRI TABORSKY, 9808 28TH AVENUE EAST, PALMETTO FL 34221**

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

2. Principal Place of Business: **9808 28th Ave E**

3. Mailing Address: **9808 28th Ave E**

Suite, Apt. #, etc.

City & State: **PALMETTO, FL**

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Zip: **34221** Country: **USA**

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4. FEI Number: **13-4267447**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DANIEL JR
701 BAYSHORE BLVD STE. 202
TAMPA FL 33606-2743

7. Name and Address of New Registered Agent

Name: **JIRI TABORSKY**

Street Address (P.O. Box Number is Not Acceptable): **9808 28th Ave E**

City: **PALMETTO** State: **FL** Zip Code: **34221**

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: *[Signature]* DATE: **09-24-2003**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNETT, BLANKA TABORSK 1308 BALFOUR DOWNS CIR FUQUAY VARINA NC 27526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABORSKY, JIRI 9808 28TH AVENUE EAST PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE, CHARLES A 160 KENDAL DR. STE. 1008 LEXINGTON VA 24450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(f), 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]* DATE: **09-24-2003**

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

CFR2E083 (4/03)