

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000025321**

1. Entity Name  
ZLP, LLC



Principal Place of Business  
ZLP, LLC  
100 PGA TOUR BLVD.  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
ZLP, LLC ATTN: DENISE BROWN  
100 PGA TOUR BLVD.  
PONTE VEDRA BEACH, FL 32082



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0429978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WODRICH, MICHAEL A  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ZINK, CHARLES L
STREET ADDRESS	100 PGA TOUR BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
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000000153855  
05/04/04-80142-025 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:**

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

4/16/04

Date

904-285-3700

Daytime Phone #