2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025321

1. Entity Name
ZLP, LLC

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

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

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

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

Filing Fee is $50.00
Due by May 1, 2006

000000432285
02/23/06-80062-016 50.00

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/8/06 904-273-3494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #