

**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 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
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01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0429978	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WODRICH, MICHAEL A 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

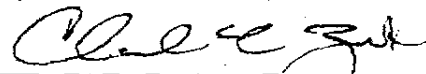
**Filing Fee is \$50.00
Due by May 1, 2006**

000000432285
02/23/06-80062-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZINK, CHARLES L 100 PGA TOUR BLVD. PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE
IN THIS SPACE**

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 603, Florida Statutes.

SIGNATURE: 

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

2/8/06

Date

904-873-3494

Daytime Phone #