FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90582 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025321

1. Entity Name
ZLP, LLC

Principal Place of Business
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

Mailing Address
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
ZLP, LLC	ZLP, LLC Attn: Denise Brown
Suite, Apt. #, etc.: 100 PGA TOUR Boulevard	Suite, Apt. #, etc.: 100 PGA TOUR Boulevard
City & State: Ponte Vedra Beach, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Charles L. Zink STREET ADDRESS: 100 PGA TOUR Boulevard CITY-ST-ZIP: Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] Charles L. Zink 5/1/03 904-285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #