

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000029030

1. Entity Name

Z&N PROPERTIES I, L.L.C.



Principal Place of Business

2454 MCMULLEN BOOTH RE., STE. 601
CLEARWATER, FL 33759

Mailing Address

2454 MCMULLEN BOOTH RE., STE. 601
CLEARWATER, FL 33759



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0659484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZBELLA, EDWARD A
2454 MCMULLEN BOOTH RE., STE. 601
CLEARWATER, FL 34619

**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 re-registering)

DATE _____

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

1100000373830
01/10/06-80041-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZBELLA, EDWARD
STREET ADDRESS	2454 MCMULLEN BOOTH RD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	NEMEC, LISA
STREET ADDRESS	2454 MCMULLEN BOOTH RD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/5/06 727 796 770