

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 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**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0659484</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000778391  
01/10/08-80047-004 138.75

**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	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

1/7/08

727 796 7705