

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90031 032 ****50.00

DOCUMENT # L02000029040

1. Entity Name
Z&N PROPERTIES II, L.L.C.



Principal Place of Business
**2454 MCMULLEN BOOTH RD., SUITE 601
CLEARWATER, FL 34619**

Mailing Address
**2454 MCMULLEN BOOTH RD., SUITE 601
CLEARWATER, FL 34619**

24003159



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
02-0659489

Applied For
Not Applicable

Zip
33759

Country

Zip
33759

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZBELLA, EDWARD A.
2454 MCMULLEN BOOTH RD., SUITE 601
CLEARWATER, FL 34619**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ZULLO, EDWARD Zbella, Edward ☐ Delete
**2454 MCMULLU BATH NE
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D NEMEC ☐ Delete
**NOMEL, LISA
2454 MCMULLU BATH NE
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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

1/16/04 727 796 7105
Date Daytime Phone #