

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029040**

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



Principal Place of Business  
**2454 MCMULLEN BOOTH RD., SUITE 601  
CLEARWATER, FL 33759**

Mailing Address  
**2454 MCMULLEN BOOTH RD., SUITE 601  
CLEARWATER, FL 33759**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**02-0659489**

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 RD., SUITE 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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	ZBELLA, EDWARD
STREET ADDRESS	2454 MCMULLU BATH NE
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	NOMEK, LISA
STREET ADDRESS	2454 MCMULLU BATH NE
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	

1000000180928  
01/14/05-80026-002 100.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/7/05 727 790 7705