

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029040

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

**FILED**  
**Jan 07, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2454 MCMULLEN BOOTH RD., SUITE 601  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2454 MCMULLEN BOOTH RD., SUITE 601  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 02-0659489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: ZBELLA, EDWARD  
Address: 2454 MCMULLU BATH NE  
City-St-Zip: CLEARWATER, FL 33759

Title: D ( ) Delete  
Name: NOMEK, LISA  
Address: 2454 MCMULLU BATH NE  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ZBELLA, EDWARD  
Address: 2454 MCMULLU BATH NE  
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD A ZBELLA

MGR

01/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date