

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90080 036 \*\*\*138.75

**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**

**60000975**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ZBELLA, EDWARD
STREET ADDRESS	2454 <del>MCMULLU BATH NE</del> <i>McMullen-Booth</i>
CITY-ST-ZIP	CLEARWATER, FL 33759 <i>Road</i>
TITLE	D
NAME	<del>NEMEC, LISA</del> <i>NEMEC, Lisa</i>
STREET ADDRESS	2454 <del>MCMULLU BATH NE</del> <i>McMullen-Booth</i>
CITY-ST-ZIP	CLEARWATER, FL 33759 <i>Road</i>
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 608, Florida Statutes.

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

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

Date

Daytime Phone #

*1/7/08*