

FILED
Feb 28, 2003 8:00 am
Secretary of State

01-22-2003 90098 027 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent 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.		DATE _____ (NOTE: Registered Agent signature required when replacing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME Edward Zbella STREET ADDRESS 2454 McMullen South Rd CITY-ST-ZIP Clearwater FL 33759		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME Director STREET ADDRESS 2454 McMullen South Rd 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 _____	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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 REQUIRED		1/7/03 727 7967705	