2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000035155

1. Entity Name
ZOO REALTY DEVELOPMENT COMPANY, L.L.C.

Principal Place of Business	Mailing Address
4251 NORTH WASHINGTON BLVD. SARASOTA, FL 34234	4251 NORTH WASHINGTON BLVD. SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE

04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
41-2081261
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAVALLUZZI, LARRY
4251 NORTH WASHINGTON BLVD.
SARASOTA, FL 34234

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000122697
04/21/04-80039-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	CAVALLUZZI, LARRY
STREET ADDRESS	4251 NORTH WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MGR
NAME	STUART, TODD
STREET ADDRESS	4251 NORTH WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MGR
NAME	JOHNSON, NEIL
STREET ADDRESS	4251 NORTH WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34234
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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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] Larry Cavalluzzi 4/19/04 941-355-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #