2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 03, 2008 8:00 am

	ANITOA			_ Secreta	ry or Sta	ıc
1. Entity Nam	MENT # L0300000				0052 008 ***143.7	
Principal Place of Business 605 S. FREMONT AVE. SUITE B TAMPA, FL 33606 US		Mailing Address 605 S. FREMONT AVE. SUITE B TAMPA, FL 33606 US				:B\$1 #11 ##s1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 30-0140282	<u> </u>	plied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add Fee Require	itional
	6. Name and Address of Curre	nt Registered Agent	Τ	7. Name and Address of New	Registered Agent	
SKOKOS, PETER Z 1819 MAIN STREET STE 610			Name Street Address	s (P.O. Box Number is Not Acceptable)		
SARASOTA, FL 34236			Cit			
			City		FL Zip Cod	e
SIGNATURE	Signature, typed or printed name of registered age E NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.		TÉ: Registered Agent signature requi	Ma	DATE ke check payable to la Department of Stat	e
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS	S/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUZZI, PAUL A 605 S. FREMONT AVENUE, S TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abbilion	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS L CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with the 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:
SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

☐ Delete

Date

Daytime Phone #

☐ Change

Addition

ZONS DEVELOPMENT

June 27, 2008

Division of Corporations PO Box 8800 Tallahassee, Fl 32314

Re: Courier City Development LLC #L03000000036

To Whom It May Concern:,

Enclosed is our Corporate Annual Report for 2008, we hope you will accept it although it is late. Somehow this one report got missed, if you check your records Paul Paluzzi is responsible for many of these reports on other companies and they were all to you in a timely manner and paid for, such as:

Zons Development
Zons Property 15, LLC
Full Plate Hospitality, LLC
Zons Property 14, LLC
Zons Property 16, LLC
Zons Property 19, LLC
Madison Property One, LLC
Zons Property 17, LLC
Zons Property 20, LLC

and the list goes on. Please reply so we know this matter has been handled and the steps if any that need to be taken.

Thanking you in advance for your understanding, cooperation and assistance in this matter.

Sincerely,

Judy Palmer
Accounting