2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNOAL NEPONT (AN)								
DOCUMENT # L03000003810 1. Entity Name					ļ	MAR PH 3: 4	,1	
ZAMAR, LLC					04	MAR II FITO ECKETARY OF STA LLAHASSEE. FLOR	TE	
Principal Place of Bush	ness	Mailing Address			1 st	ECKE IN SSEE. FLUI	Klum	
672 NORTH GLENN DRIVE 672 NORTH GLENN DRIVE					TA	LLANAGE		
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701					<u> </u> 	4080 H 1901 HI CON 158 SIN STR	# E	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, ADI #, etc. City & State			MOORE CR2E083 (11/03) 4. FEI Number / A Applied For			
City of State		Ony to Grane		<u> </u>	4-) L) (10-)	N/A	نىنىسلىسىل	t Applicable
Zip	Country	Zφ	Coun	itry		are of Status Desired	\$5.00 Add Fee Required	
6. No	t Registered Agent		Name	7. Name ai	nd Address of New Register	red Agent		
BŌĽT, KA	YÊH			Street Address (P.O. Box Number is Not Acceptable)				
672 NORT	TH GLENN DRIVE NTE SPRINGS FL 327	701		Street Address (P.O. Box Num	nber is Not Acceptable)		
							Zip Code	<u></u>
		4	 	City		-1-	r L	
The above named the obligations of re		for the purpose of changing de	s register	ed office or register	red agent, or t	both, in the State of Florida. I	am familiar with,	and accept
SIGNATURE Signature, typod or printed ranged registered agent and title # applicable. PADTI. Registered Agent signature required when reinstating) DATE								
-	<u> </u>		··	FEE IS \$50.00		T		
Make Check Payable to Florida Department of St Due By May 1, 2004								
9. MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/CHAN	IGES	***
MAKE GARN. Clina On - 3 The				1			☐ Change	☐ Addition
NAME &	76 N. alena (s)	n = Potal	NAM	TET ADDRESS				
STREET ADDRESS QUE	ltamonte Sp85 X	La 3/101		IET ADDRESS I-ST-ZIP				
nru		☐ Delete	☐ Delete TITLE			U00000038291	☐ Change	☐ Addition
HAVE			NAM -		02/06/04-80131-021 50.00			
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CITY-ST-ZP	I			Y-ST-ZIP				*
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STREET ADDRESS CITY+ST-ZIP			•	Y-ST-ZIP				
TITLE	15	Delete	πu	£		<u> </u>	☐ Change	☐ Addition
NAME CONFET ADDRESS			NAM	f				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-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.								
Say & Bast play un un un son								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OND Dayloring Phone 4								