

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000006910**

1. Entity Name  
**CPSZ MANAGEMENT, LLC**



Principal Place of Business  
**7359 INTERNATIONAL PLACE  
SARASOTA, FL 34240**

Mailing Address  
**7359 INTERNATIONAL PLACE  
SARASOTA, FL 34240**



07072006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**47-0911010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LAKIN, JOHN L  
3119 MANATEE AVENUE WEST  
BRADENTON, FL 34205**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ZANONI, TONY J
STREET ADDRESS	11864 HOLLYHOCK DR
CITY- ST- ZIP	BRADENTON, FL 34202
TITLE	MGR
NAME	SUSMANN, KARL W
STREET ADDRESS	3105 WILDERNESS BLVD. W
CITY- ST- ZIP	PARRISH, FL 34219
TITLE	MGR
NAME	POWERS, EDWARD J "JIM"
STREET ADDRESS	6727 64TH PLACE E
CITY- ST- ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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08/03/06-80004-006 55.00

**DO NOT WRITE  
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:**

*Tony J. Zanoni* **Tony J. Zanoni** **PRESIDENT**

**1/1/06**

**941-373-6940**

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

Date

Daytime Phone #