


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 029 \*\*\*138.75

**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**

**50004622**



2. Principal Place of Business - No P.O. Box #  
**16208 34<sup>TH</sup> COURT E**

3. Mailing Address  
**16208 34<sup>TH</sup> COURT E**

Suite, Apt. #, etc.

03192008 Chg-LLC CR2E083 (12/06)

City & State  
**PARRISH FL**

City & State  
**PARRISH FL**

Zip  
**34219**

Country  
**USA**

Zip  
**34219**

Country  
**USA**

4. FEI Number  
**47-0911010**

Applied For  
 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**

7. Name and Address of New Registered Agent

Name  
**TONY J. ZANONI**

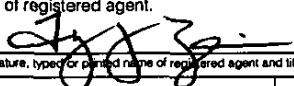
Street Address (P.O. Box Number is Not Acceptable)  
**16208 34<sup>TH</sup> COURT EAST**

City  
**PARRISH**

State  
**FL**

Zip Code  
**34219**

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  **TONY J. ZANONI** DATE **4.15.08**

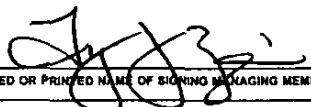
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZANONI, TONY J 16208 34TH CT EAST PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWERS, EDWARD J "JIM" 6727 64TH PLACE E BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **4.15.08** 941-928-9081

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