

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011808

Entity Name: ZIPIT ENTERPRISES, LLC

FILED  
Jan 10, 2005  
Secretary of State

**Current Principal Place of Business:**

14925 SW 85 AVE  
MIAMI, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

14925 SW 85 AVE  
MIAMI, FL 33158

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KERN, DREW  
14925 SW 85 AVE  
MIAMI, FL 33158 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KERN, DREW  
Address: 19921 CUTLER CT  
City-St-Zip: MIAMI, FL 33189

Title: MGRM ( ) Delete  
Name: KERN, JAMES W  
Address: 15725 SW 188 ST  
City-St-Zip: MIAMI, FL 33187

Title: MGRM ( ) Delete  
Name: MOKHER, SCOTT  
Address: 18600 SW 157 AVE  
City-St-Zip: MIAMI, FL 33187

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KERN, DREW  
Address: 14925 SW 85 AVE  
City-St-Zip: MIAMI, FL 33158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MOKHER, SCOTT  
Address: 9011 SW 184 LANE  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DREW KERN

MGRM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date