


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 046 ****50.00

DOCUMENT # L03000013505 1. Entity Name ZAM-HILLSBORO COMMONS, LLC	
--	---

Principal Place of Business 1500 W. CYPRESS CREEL ROAD SUITE 409 FORT LAUDERDALE, FL 33309 US	Mailing Address 1500 W. CYPRESS CREEL ROAD SUITE 409 FORT LAUDERDALE, FL 33309 US
--	--

DO NOT WRITE IN THIS SPACE



07262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1006677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
1500 W. CYPRESS CREEK ROAD
SUITE 409
FORT LAUDERDALE, FL 33309

**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

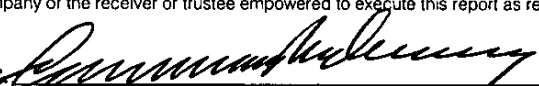
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRENNER, SCOTT 1500 W. CYPRESS CREEK RD, STE. 409 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **7/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #