


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90165 024 \*\*\*\*50.00

<b>DOCUMENT # L03000014261</b>	
1. Entity Name <b>ZAHRAY INVESTMENTS, LLC</b>	

Principal Place of Business <b>510 ALAMEDA CT. MARCO ISLAND FL 34145</b>	Mailing Address <b>510 ALAMEDA CT. MARCO ISLAND FL 34145</b>
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2. Principal Place of Business <b>50 NORTH SUNSET ST.</b>	3. Mailing Address <b>50 NORTH SUNSET ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MARCO ISLAND, FL</b>	City & State <b>MARCO ISLAND, FL</b>
Zip <b>34145</b>	Zip <b>34145</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>ZAHRAY, RONALD C 510 ALAMEDA CT. MARCO ISLAND FL 34145</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PRES. RONALD ZAHRAY 50 NORTH SUNSET ST. MARCO ISLAND FL 34145</b>	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
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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 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: <b>Ronald Zahray</b>	Date: <b>1/27/04</b>	Daytime Phone #: <b>239-642-1664</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		