## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90024 036 \*\*\*\*50.00

			03-04-2004	90024 030 11130.00
DOCUMENT # L030  1. Entity Name ZOUBEK ENTERPRISES, L.				
Principal Place of Business	Mailing Address		<u> </u>	· ·
150 DEER LAKE CIRCLE 150 DEER LAKE CIRCLE		1F	- 1	# # 40° \$ 40° 6° 4
ORMOND BEACH, FL 32174	ORMOND BEACH, FL			
			r saarran en Panae min abiit kans a	0111 20102 (1811 0) 220 (2201 (1811 1812)) (1811 1812)
2. Principal Place of Business	, 3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282004 Chg-LLC	CR2E083 (10/03)
City & State	City & State	City & State		Applied For
Zio Couetry	Zip	Country	02-0688376	Not Applicable   Not Applicable   Not Applicable
Zip Country	Zip	Commy	- 5. Certificate of Status Desired	Fee Required
6. Name and Address	of Current Registered Agent		7. Name and Address of New	Registered Agent
		Name	Name	
ZOUBEK, DONALD A 150 DEER LAKE CIRCLE ORMOND BEACH, FL 32174		Street Address	s (P.O. Box Number is Not Acceptab	le)
· ·			•	
		City		FL Zip Code
			<u> </u>	
8. The above named entity submits this the obligations of registered agent.	statement for the purpose of changing i	faction is seen as in-	tered agent, or both, in the State of F	florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of	repietered agent and title if englishing (N/	DTE: Registered Agent signature requi	red when connections)	DATE
2 - 1	agistered agent disc in applicable.	NA. 2	CO WITCH TEMPLETORY	0012
Filing Fee is \$50.00, Due by May 1, 2004				ke check payable to
	ING MEMBERS/MANAGERS	10.	ADDITION:	S/CHANGES
TITLE D	□ Delete ·	TITLE		☐ Change ☐ Addition
NAME DONALD 1. Z	OUBER	NAME		
STREET ADDRESS 150 DEER RA		STREET ADDRESS		
CITY-ST-ZIP O RMOND BEACH	, FL 32174	CITY-ST-ZIP		·
TITLE	☐ Delete	, TITLE		☐ Change ☐ Addition
NAME		NAME		•
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
NAME	Deleie	NAME	a at the transfer of the same	Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	•	
CITY-ST-ZIP		CITY-ST-ZIP	<del></del>	
TITLE NAME	- Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		• • •
CITY-SI-ZIP		CITY-ST-ZIP		ra ar salahar eriya i
TITLE REPORT OF THE PARTY OF TH	, Delete	TITLE	<del></del>	Change Addition
NAME		NAME		The state of the s
STREET ADDRESS CITY-ST-ZIP	and the firm	CITY-ST-ZIP	, to the particular to the par	<u> </u>
11. I hereby certify that the information s	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	supplied with this hing does not qualify inccurate and that my signature shall have or trustee empowered to execute this	re the same legal effect as i	f made under oath; that I am a man	aging member or manager of the
limited liability company or the recei	ver or trustee empowered to execute in	is report as required by Cha	apter 608, Fiorida Statutes.	•
/. / /	11.1.11		1	
SIGNATURE! AMA	UTY SOUVE		MPKIL. 29.04	<u> 386-679-5889</u>
SIGNATURE:	RINTED NAME OF SIGNING MANAGING MEMBER, N	JANAGER, OR AUTHORIZED REPRE	ESENTATIVE Date	Daytime Phone #