


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

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| DOCUMENT # L03000015498 |  |
| 1. Entity Name ZETTA, LLC | |

05 JUN 20 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|
| Principal Place of Business 1201 US HIGHWAY ONE, #310 NORTH PALM BEACH, FL 33408 | Mailing Address 1201 US HIGHWAY ONE, #310 NORTH PALM BEACH, FL 33408 |
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|---|---|
| 2. Principal Place of Business P.O. Box 202 | 3. Mailing Address P.O. Box 202 |
| Suite, Apt. #, etc. Gotha, FL | Suite, Apt. #, etc. Gotha, FL |
| City & State 34734 | City & State 34734 |
| Zip 34734 | Country |



06142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2110003

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 reinstating) DATE _____

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

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SNODY, ZEE 1201 US HIGHWAY ONE, #310 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800056731428 06/30/05--01003--005 **750.00 |
| 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 606, Florida Statutes.

SIGNATURE: Joe Snody manager 6/14/05 (407) 296-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #