


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000024338</b>	
<b>1. Entity Name</b> ZAVERY ENTERPRISES, LLC	

<b>Principal Place of Business</b> C/O ANDREW L. SIPOS, JR. 40935 FLETCHER RD UMATILLA, FL 32784	<b>Mailing Address</b> C/O ANDREW L. SIPOS, JR. 40935 FLETCHER RD UMATILLA, FL 32784
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03172006 No Chg-LLC CR2ED83 (11/05)

<b>4. FEI Number</b> 20-0631130	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SIPOS, ANDREW L JR 40935 FLETCHER RD UMATILLA, FL 32784
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

<b>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.</b>		
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>000000559694 05/18/06-80011-005 150.00</b>
---	---

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> ZAVERY, GRACE ANNE 40935 FLETCHER RD UMATILLA, FL 32784
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>		
<b>SIGNATURE:</b> <u>Grace A. Zavery</u>	<u>03/24/06</u>	<b>Date</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
		<small>Daytime Phone if</small>