


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000031061 <b>1. Entity Name</b> TZS, LLC	
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<b>Principal Place of Business</b> 240 S. PINEAPPLE AVE. STE. 702 SARASOTA, FL 34236	<b>Mailing Address</b> 240 S. PINEAPPLE AVE. STE. 702 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**



02072005No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 54-2126804	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SABA, MICHAEL J 240 S. PINEAPPLE AVE. STE. 702 SARASOTA, FL 34236
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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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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**Filing Fee is \$50.00  
Due by May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR SABA, MICHAEL J 240 S. PINEAPPLE AVE. STE. 702 SARASOTA, FL 34236
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

U00000222501  
02/10/05-60004-003 50.00

**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.

<b>SIGNATURE:</b> <i>Michael J. Saba</i>	<b>Michael J. Saba, Manager</b>	<b>2/7/05</b>	<b>(941) 365-9400</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>