

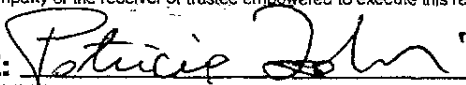


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000031850 1. Entity Name ZABOLD ENTERPRISES, LLC.		
Principal Place of Business 3843 FALCON RIDGE CIRCLE WESTON, FL 33331	Mailing Address 3843 FALCON RIDGE CIRCLE WESTON, FL 33331	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DE ZABARDI, PATRICIA L 3843 FALCON RIDGE CIRCLE WESTON, FL 33331		DO NOT WRITE 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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ZABARDI, PATRICIA L 3843 FALCON RIDGE CIRCLE WESTON, FL 33331	 04212005No Chg-LLC CR2E083 (10/03) 4. FEI Number 20-0180332 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required UP00000327326 04/25/05-80033-013 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZABARDI, ANDREA 3843 FALCON RIDGE CIRCLE WESTON, FL 33331	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		4/21/2005 9546599328 Date Daytime Phone #