

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031937

Entity Name: ZAL, LLC

FILED
Jul 08, 2006
Secretary of State

Current Principal Place of Business:

758 N. SUN DRIVE, STE. 104
LAKE MARY, FL 32476

New Principal Place of Business:

Current Mailing Address:

758 N. SUN DRIVE, STE. 104
LAKE MARY, FL 32476

New Mailing Address:

FEI Number: 03-0526738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FATEMI, ZIA
758 N. SUN DRIVE, STE. 104
LAKE MARY, FL 32476 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FATEMI, ZIA
Address: 758 N. SUN DRIVE, STE. 104
City-St-Zip: LAKE MARY, FL 32476

Title: MGRM () Delete
Name: ZADEH, FARIDEH A
Address: 758 N. SUN DRIVE, STE. 104
City-St-Zip: LAKE MARY, FL 32476

Title: MGRM () Delete
Name: ARBABZADEH, REZA
Address: 23 LORRAINE DR., STE. #205
City-St-Zip: NORTH-YORK, ON M2N 6Z6 CANAD,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZIA FATEMI

VP

07/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date