

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032109

FILED
Apr 09, 2004
Secretary of State

Entity Name: THE ZENITH GROUP, LLC

Current Principal Place of Business:

225 WATER STREET, SUITE 2020
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

225 WATER STREET, SUITE 2020
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 30-0199524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
225 WATER STREET, SUITE 2020
JACKSONVILLE, FL 32202

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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DRIVER, G. RAY JR.
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Change (X) Addition
Name: DRIVER, MICHAEL L
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Change (X) Addition
Name: DRIVER, GARY R
Address: 225 WATER STREET, SUITE 2020
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G. RAY DRIVER, JR.

MGR

04/09/2004

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