

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039050

Entity Name: ZEUS MOBILE LLC

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2005 OCEAN WALK TERRACE  
SUITE 306  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

3224 NE 6TH STREET  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

2005 OCEAN WALK TERRACE  
SUITE 306  
POMPANO BEACH, FL 33062

**New Mailing Address:**

3224 NE 6TH STREET  
POMPANO BEACH, FL 33062

FEI Number: 20-0551265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANK, BABUSIK  
2005 OCEAN WALK TERRACE  
SUITE 306  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

FRANK, BABUSIK  
3224 NE 6TH STREET  
POMPANO BEACH, FL 33062 US

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: FRANK BABUSIK

04/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FRANK, BABUSIK CEO  
Address: 2005 OCEAN WALK TERRACE, SUITE 306  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FRANK, BABUSIK CEO  
Address: 3224 NE 6TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

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: FRANK BABUSIK

CEO

04/25/2005

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