

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
May 19, 2004 8:00 am
Secretary of State

03-30-2004 90067 049 ****55.00

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DOCUMENT # L03000047720

1. Entity Name
ZAIS ASSOCIATES LLC



Principal Place of Business
**74 COQUINA RIDGE WAY
 ORMOND BEACH FL 32174**

Mailing Address
**74 COQUINA RIDGE WAY
 ORMOND BEACH FL 32174**

34006681



MOORE CR2E083 (11/03)

2. Principal Place of Business
FLORIDA HOSPITAL

3. Mailing Address

Suite, Apt. #, etc.
601 Memorial Parkway

Suite, Apt. #, etc.

City & State
PALM COAST

City & State

Zip
32164

Country
USA

Zip
32164

Country

4. FEI Number
20-0423053

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE
1515 RIDGEWOOD AVENUE
A
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By: May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAKEZAI, NOREEN 74 COQUINA RIDGE WAY ORMOND BEACH FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOHANNAN, KAREN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Noreen Kakezai 3/20/04 386-677-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #