## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047720

Entity Name: ZAIS ASSOCIATES LLC

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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FLORIDA HOSPITAL 61 MEMORIAL PARKWAY PALM COAST, FL 32164 74 COQUINA RIDGEWAY ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

1515 RIDGEWOOD AVE A ORMOND BEACH, FL 32174

FEI Number: 20-0423053 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOGUIDICE, JOE 1515 RIDGEWOOD AVENUE A HOLLY HILL, FL 32117 US KAKEZAI, NOREEN 74 COQUINA RIDGEWAY ORMOND BEACH, FL 32174 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: NOREEN KAKEZAI 04/02/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition Name: KAKEZAI, NOREEN Name:

Name: KAKEZAI, NOREEN Name:
Address: 74 COQUINA RIDGE WAY Address:
City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip:

 Title:
 ( ) Delete
 Title:
 MGR ( ) Change (X) Addition

 Name:
 Name:
 KAKEZAI, SOHAIL

 Address:
 Address:
 74 COQUINA RIDGEWAY

 City-St-Zip:
 ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: NOREEN KAKEZAI MGR 04/02/2009