

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048951

Entity Name: ZP&W CONSULTING, LLC

FILED  
May 01, 2005  
Secretary of State

## Current Principal Place of Business:

999 PONCE DE LEON BLVD, PENTHOUSE 1110  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

999 PONCE DE LEON BLVD, PENTHOUSE 1110  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-0494743      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:

CORPDIRECT AGENTS, INC.  
103 MERIDIAN ST  
TALLAHASSEE, FL 32301      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/MEMBERS:

Title: MGRM ( ) Delete  
Name: OGZ HOLDINGS LLC,  
Address: 999 PONCE DE LEON BLVD SUITE 1010  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ZP&W HOLDINGS LLC,  
Address: 999 PONCE DE LEON BLVD. SUITE 1110  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

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 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: LEON N. PATRICIOS

MGR

05/01/2005

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