

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050302	
1. Entity Name JOHN A ZOCKOFF LLC	

Principal Place of Business 724 W PINE AVE ST GEORGE ISLAND FL 32328	Mailing Address 724 W PINE AVE ST GEORGE ISLAND FL 32328
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E083 (10/05)

4. FEI Number 30-0150689	☐ Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZOCKOFF, JOHN A 724 W PINE AVE ST GEORGE ISLAND FL 32328	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZOCKOFF, JOHN A 724 W PINE AVE ST GEORGE ISLAND FL 32328	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000433814 02/24/06-80030-015 50.00	☐ Change ☐ Add	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 606, Florida Statutes.

SIGNATURE: <i>John A. Zockoff</i>	2/11/06	850-927-3211
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