



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|------------------------------|--|---|
| DOCUMENT # L03000052860 | |  |
| 1. Entity Name JOE ZUK LC | | |

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|---|---|
| Principal Place of Business 3403 GALLANT FOX TRL TALLAHASSEE, FL 32309 US | Mailing Address 3403 GALLANT FOX TRL TALLAHASSEE, FL 32309 US |
|---|---|

| | |
|--|---------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address BK |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
07 AUG 23 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08232007 Chg-LLC CR2E083 (12/06)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent ZUK, JOSEPH V 3403 GALLANT FOX TRL. TALLAHASSEE, FL 32309 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

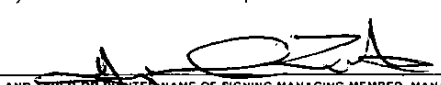
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|-----------|--|
| Filing Fee is \$50.00 Due by September 14, 2007 | BK | Make check payable to Florida Department of State |
|--|-----------|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZUK, JOE 3403 GALLANT FOX TRL. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800108708328 08/28/07--01038--003 **50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #