

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003411

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Entity Name:** GENE R. ZWEBEN, PLLC

**Current Principal Place of Business:**

205 SW WINNACHEE DR  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

205 SW WINNACHEE DR  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 20-0597607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRECHBILL, MARK  
215 SOUTH FEDERAL HWY, STE 100  
STUART, FL 34994 US

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

ZWEBEN, GENE R ESQ.  
205 SW WINNACHEE DRIVE  
STUART, FL 34994 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: GENE ZWEBEN

01/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZWEBEN, GENE R  
Address: 205 SW WINNACHEE DR  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

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 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: GENE ZWEBEN

MGR

01/06/2006

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