

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008490

Entity Name: ZYCLONE LLC

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

4600 140TH AVE N, STE 210  
SUITE B  
CLEARWATER, FL 33762 US

## Current Mailing Address:

9650 104TH AVE N  
LARGO, FL 33773 US

## New Principal Place of Business:

4600 140TH AVE N.  
STE 210  
CLEARWATER, FL 33762 US

## New Mailing Address:

4600 140TH AVE N.  
STE 210  
CLEARWATER, FL 33762 US

FEI Number: 20-0709807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIBAS, JONAS R  
4600 140TH AVE N, STE 210  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

CIBAS, JONAS R  
4600 140TH AVE N.  
STE 210  
CLEARWATER, FL 33762 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:

04/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CIBAS, JONAS R  
Address: 4600 140TH AVE N STE 210  
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGRM ( ) Delete  
Name: MABES, SUSAN L  
Address: 4600 140TH AVE N STE 210  
City-St-Zip: CLEARWATER, FL 33762 US

## 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 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: SUSAN L MABES

MGRM

04/25/2006

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