2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
01-18-2005 90184 008 ****50.00

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1. Entity Name
ZYRMONTARTZ, L.L.C.

Principal Place of Business	Mailing Address
2221 N.E. 39 ST. LIGHTHOUSE POINT, FL 33064	P.O. BOX 5659 LIGHTHOUSE POINT, FL 33074-5659

30000660

01112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SULLIVAN, JOHN J 2221 N.E. 39 ST. LIGHTHOUSE POINT, FL 33064	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZYRMONT, ALINKA P.O. BOX 5659 LIGHTHOUSE POINT, FL 330745659	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SULLIVAN, JOHN J P.O. BOX 5659 LIGHTHOUSE POINT, FL 330745659	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LINDSAY, MARGARET<br~~467 E. HAMPTON G~~<br~~WEST PALM BEACH, FL 33417~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. O. BOX 5659 LIGHTHOUSE POINT FL. 33074-5659	☑ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 Alinka Zyrmont February 7, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #