

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90033 041 \*\*\*\*50.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L04000025525</b><br>1. Entity Name<br><b>HEDDY Z DESIGNS, LLC</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>8899 TIMBERWILDE DRIVE, #2</b><br><b>BONITA SPRINGS, FL 34135</b>  |  |   | Mailing Address<br><b>8899 TIMBERWILDE DRIVE, #2</b><br><b>BONITA SPRINGS, FL 34135</b> |   |  |
| 2. Principal Place of Business<br><b>22301 Piazza Doria Lane</b><br>Suite, Apt. #, etc.<br><b># 106</b>  |  | 3. Mailing Address<br><b>22301 Piazza Doria Ln</b><br>Suite, Apt. #, etc.<br><b># 106</b> |   |   |  |
| City & State<br><b>Estero FL</b>   |  | City & State<br><b>Estero FL</b>  |   | 4. FEI Number<br><b>51-0504489</b>  |  |
| Zip<br><b>33928</b>  |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ZUBROWSKI, HEDDY A</b><br><b>8899 TIMBERWILDE DRIVE, #2</b><br><b>BONITA SPRINGS, FL 34135</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O.-Box Number is Not Acceptable)<br><b>22301 Piazza Doria Lane</b><br><b># 106</b><br>City <b>Estero</b> <b>FL</b> Zip Code <b>33928</b> |  |
| 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.<br>SIGNATURE: <u><i>Heddy A. Zubrowski</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____  |  |   |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                        |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>ZUBROWSKI, HEDDY A<br>21576 BRIKHAM RUN LOOP<br>ESTERO, FL 33928 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>VIOLAK, MONICA<br>729 WIGGINGS LANE #101<br>NAPLES, FL 34110     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>VIOLAK, MONICA<br>729 WIGGINGS LANE #101<br>NAPLES, FL 34110     | <input checked="" type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>VIOLAK, MONICA<br>729 WIGGINGS LANE #101<br>NAPLES, FL 34110     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>VIOLAK, MONICA<br>729 WIGGINGS LANE #101<br>NAPLES, FL 34110     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>VIOLAK, MONICA<br>729 WIGGINGS LANE #101<br>NAPLES, FL 34110     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MP<br>VIOLAK, MONICA<br>729 WIGGINGS LANE #101<br>NAPLES, FL 34110     | <input type="checkbox"/> Delete   |   |   |  |
| 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: <u><i>Heddy A. Zubrowski</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |   |   |  |
| Date: _____  |  |   |   | Daytime Phone #: _____  |  |