

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000031094**

**1. Entity Name  
DZ ASSOCIATES, LLC**



**Principal Place of Business  
5150 PALM VALLEY ROAD, SUITE 200  
PONTE VEDRA BEACH, FL 32082**

**Mailing Address  
5150 PALM VALLEY ROAD, SUITE 200  
PONTE VEDRA BEACH, FL 32082**



04072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-1029175	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PATTERSON, BOND & LATSHAW, P.A.  
3100 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	ZYSKI, JERRY
<b>STREET ADDRESS</b>	5150 PALM VALLEY ROAD, SUITE 200
<b>CITY - ST - ZIP</b>	PONTE VEDRA BEACH, FL 32082
<b>TITLE</b>	MGRM
<b>NAME</b>	DODSON, J. THOMAS
<b>STREET ADDRESS</b>	13361 ATLANTIC BLVD.
<b>CITY - ST - ZIP</b>	JACKSONVILLE, FL 32225
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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05/06/06-80012-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** **LESA DUNCAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-15-06 (21220-3119)**  
Date Daytime Phone #