

FILED
Jul 14, 2005 8:00 am
Secretary of State

04-15-2005 90017 001 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000057238



1. Entity Name
COMPOT, LLC

Principal Place of Business
21370 SWEETWATER LANE
BOCA RATON, FL 33428

Mailing Address
21370 SWEETWATER LANE
BOCA RATON, FL 33428

30010117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-144 8670

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33020

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

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Member Delete
NAME ZECA management LLC
STREET ADDRESS 840 E. Oakland Park Blvd
CITY-ST-ZIP Suite 110
Ft. Lauderdale, FL 33334

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ELI zainir

7/12/05 954 565 5509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT

300/01/17

HL04000057238

COMPOT LLC.

840 E. OAKLAND PARK BLVD
SUITE 110
FT. LAUDERDALE
FL 33334
TEL: 954 565 5501
FAX: 954 565 5564

July 5th, 2005,

Division of Corporations
P O Box 6198
Tallahassee
FL 32314 – 6198

Dear Sir / Madam,

Attached please find a new Annual Report signed. This report is sent because a Notice of Intent to Dissolve was received. I called the Division of Corporations and was told what information was required. This information is on this new report. Payment was already received in April 2005 and has already cleared our bank.

I trust this is all now in order.

Sincerely,



B. Luus
Compot, LLC