

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	
2. Principal Place of Business				Mailing Address 21370 SWEETWATER LANE BOCA RATON, FL 33428	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3. Mailing Address	
City & State		City & State		4. FEI Number 20-1448670	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	member ZECA management LLC 840 E. Oakland Park Blvd Suite 110 Ft. Lauderdale FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 zamir		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

30010117



07112005 Chg-LLC CR2E083 (10/03)

ATTACHMENT

300/0/17

#L04000057238

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