

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057238

Entity Name: COMPOT, LLC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

21370 SWEETWATER LANE
BOCA RATON, FL 33428

New Principal Place of Business:

840 E. OAKLAND PARK BLVD,
SUITE 110
FT. LAUDERDALE, FL 33334

Current Mailing Address:

21370 SWEETWATER LANE
BOCA RATON, FL 33428

New Mailing Address:

840 E. OAKLAND PARK BLVD
SUITE 110
FT. LAUDERDALE, FL 33334

FEI Number: 20-1448670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COHN, ALAN B
100 W. CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: ALAN COHN

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZCCA MANAGEMENT, LLC,
Address: 840 E. OAKLAND PARK BLVD., SUITE 110
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZECA MANAGEMENT, LLC,
Address: 840 E. OAKLAND PARK BLVD., SUITE 110
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN COHN

RA

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date