


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000060286 1. Entity Name Z S PROPERTIES LLC	
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Principal Place of Business 1408 SAN MARCO BLVD JACKSONVILLE, FL 32207 US	Mailing Address 1408 SAN MARCO BLVD JACKSONVILLE, FL 32207 US
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05052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-1486463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SALEH, MOHAMED O 1306 CAMPBELL AVE JACKSONVILLE, FL 32207

**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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOHAMED, SALEH O 1306 CAMPBELL AVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEMICHAEL, DAWIT 4127 EMORY RD STE 101 KNOXVILLE, TN 37938
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05/22/06-80013-005 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: _____

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

5/22/06

Date

(904) 398-0009

Daytime Phone #