


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062706

1. Entity Name
ZF MANAGEMENT COMPANY, LLC



Principal Place of Business 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578 US	Mailing Address P.O. BOX 5220 NICEVILLE, FL 32578 US
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DO NOT WRITE IN THIS SPACE

03212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1578731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZIVAN, JEROME A
 4540 HIGHWAY 20 EAST
 NICEVILLE, FL 32578**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIVAN, JEROME A 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAN DYKE, DORELLA K 4540 HIGHWAY 20 EAST NICEVILLE, FL 32578
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 05/02/07-80125-002 50.00

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:  **Jerome A. Zivan, Manager** **4/15/2007 (850)897-6430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #