


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000062706  
 1. Entity Name  
 ZF MANAGEMENT COMPANY, LLC



Principal Place of Business      Mailing Address  
 4540 HIGHWAY 20 EAST      P.O. BOX 5220  
 NICEVILLE, FL 32578 US      NICEVILLE, FL 32578 US

**DO NOT WRITE IN THIS SPACE**



04082008No Chg-LLC      CR2E083 (12/07)

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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 05/22/08-80074-024 138.75

**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  Jerome A. Zivan, Mgr      4/24/2008      850-897-6430

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