


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90107 050 ****50.00

DOCUMENT # L04000065559	
1. Entity Name ZOEBIANNA PROPERTIES, LLC	

Principal Place of Business 11417 HARBORSIDE CIR. N. LARGO, FL 33773	Mailing Address 11417 HARBORSIDE CIR. N. LARGO, FL 33773
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2. Principal Place of Business 11407 Seminole Blvd	3. Mailing Address 11407 Seminole Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo Florida	City & State Largo Florida
Zip 33778	Country Pinellas



01162005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1588034	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 SKALSKI, JOSEPH C 13770 58TH ST. N., STE. 304 CLEARWATER, FL 33760	7. Name and Address of New Registered Agent Name Kathleen R. Hayes Street Address (P.O. Box Number is Not Acceptable) 11407 Seminole Blvd. City Largo FL Zip Code 33778
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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 Kathleen R. Hayes Kathleen R. Hayes Kathleen R. Hayes 1/17/05
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, KATHLEEN R <input type="checkbox"/> Delete 11417 HARBORSIDE CIR. N. LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11407 Seminole Blvd. Largo, Florida 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, CHARLES J <input type="checkbox"/> Delete 11417 HARBORSIDE CIR. N. LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11407 Seminole Blvd. Largo, Florida 33778
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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 606, Florida Statutes.

SIGNATURE Kathleen R. Hayes Kathleen R. Hayes 1/17/05 727 3918 096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #