2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067158

Entity Name: ZA HOLDINGS LLC

City-St-Zip:

FILED Feb 26, 2006 Secretary of State

Comment Britain at Black of Brainson			New Principal Place of Business		
Current Principal Place of Business:			New Principal Place of Business:		
10 VENET 2004	IAN WAY				
	ACH, FL 3313	9			
Current Mailing Address:			New Mailing Address:		
10 VENET 2004	IAN WAY				
	ACH, FL 3313	9			
FEI Number:	: 65-1243353	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
10 VENET 2005	RMENTER, JO IAN WAY ACH, FL 3313				
	named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () GARCIA ARME 10 VENETIAN V MIAMI BEACH,	VAY 2005	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () SANDRA, MON 10 VENETIAN \ MIAMI BEACH,	VAY 2005	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MONTEVERDE, SANDRA 10 VENETIAN WAY 2005 MIAMI BEACH, FL 33139	
Title: Name: Address: City-St-Zip:	MGR () SEBASTIAN, AI 10 VENETIAN \ MIAMI BEACH,	VAY 2005	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition ARMENTER, SEBASTIAN 10 VENETIAN WAY 2005 MIAMI BEACH, FL 33139	
Title: Name: Address:	()) Delete	Title: Name: Address:	MGR () Change (X) Addition ZAPATA, MANUEL 10 VENETIAN WAY 2005	

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.

City-St-Zip:

MIAMI BEACH, FL 33139

SIGNATURE: SANDRA MONTEVERDE MGR 02/26/2006