

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000069823

**1. Entity Name
PZT ENTERPRISES, LLC**



**Principal Place of Business
4820 MAHOGANY RIDGE DRIVE
NAPLES, FL 34119**

**Mailing Address
4820 MAHOGANY RIDGE DRIVE
NAPLES, FL 34119**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-1658853**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVE. SOUTH, SUITE #201
NAPLES, FL 34102**

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PROCACCI, SUSAN E
STREET ADDRESS	4820 MAHOGANY RIDGE DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: SUSAN PROCACCI 1/6/06 239-353-2879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #