

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

04-29-2005 90029 013 ****50.00
08-11-2005 90066 031 ****50.00

DOCUMENT # L04000077381

1. Entity Name
ZACKARY MORRIS, LLC



Principal Place of Business
**2033 MAIN ST.
STE. 600
SARASOTA, FL 34237**

Mailing Address
**2033 MAIN ST.
STE. 600
SARASOTA, FL 34237**

20066570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, TROY H JR.
2033 MAIN ST. STE. 600
SARASOTA, FL 34237**

Name **Bruce P. Chapnick, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street, Suite 600

City **Sarasota**

FL

Zip Code **34237**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MYERS, TROY H JR.
2033 MAIN ST. STE. 600
SARASOTA, FL 34237** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Peter J. Shaffer
c/o Bruce P. Chapnick
2033 Main Street, Ste. 600
Sarasota, FL 34237** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Shirley A. Shaffer
c/o Bruce P. Chapnick
2033 Main Street, Ste. 600
Sarasota, FL 34237** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Peter J. Shaffer 08/05/05