

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT #L04000093455

1. Entity Name  
ZS OPERATIONS, LLC



Principal Place of Business  
3530 KRAFT RD STE 300  
NAPLES, FL 34105

Mailing Address  
3530 KRAFT RD STE 300  
NAPLES, FL 34105



02122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2155918

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANT, RICHARD  
5551 RIDGEWOOD DRIVE STE 501  
NAPLES, FL 34108

**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**

000000917657  
05/13/08-80051-016 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ZAND, IRAJ  
STREET ADDRESS 3530 KRAFT RD STE 300  
CITY-ST-ZIP NAPLES, FL 34105

TITLE MGR  
NAME SEHAYEK, RAYMOND  
STREET ADDRESS 3530 KRAFT RD STE 300  
CITY-ST-ZIP NAPLES, FL 34105

TITLE VP  
NAME MACIVOR, THOMAS A  
STREET ADDRESS 3530 KRAFT RD STE 300  
CITY-ST-ZIP NAPLES, FL 34105

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:

*Thomas A. Macivor*

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

3/31/08

Date

(239) 434-0600

Daytime Phone #