


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000094047	
1. Entity Name ARIS ZIATAS COMPANY, L.L.C.	

Principal Place of Business 6246 SILVER OAKS DRIVE ZEPHYRHILLS FL 33542	Mailing Address 6246 SILVER OAKS DRIVE ZEPHYRHILLS FL 33542
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2. Principal Place of Business Same as above	3. Mailing Address Same as above
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent ZIATAS, ARIS 6246 SILVER OAKS DRIVE ZEPHYRHILLS FL 33542	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reissuing) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZIATAS, ARIS 6246 SILVER OAKS DRIVE ZEPHYRHILLS FL 33542	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000490140 04/18/06-80043-017 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIATAS, GLORIA JEAN 6246 SILVER OAKS DRIVE ZEPHYRHILLS FL 33542	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Aris Ziatas* **3-29-06** **813-788-8882**