2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 30, 2006 8:00 am Secretary of State **DOCUMENT # L05000009405** 1. Entity Name 04-28-2006 90020 004 ****50.00 ZUTTON HOLDINGZ, LLC Principal Place of Business Mailing Address 9601 COLLINS AVENUE 9601 COLLINS AVENUE #706 #706 **BAL HARBOUR FL 33154** BAL HARBOUR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State City & State Applied For <u> ユローユろ32</u> Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRELL GROUP CORPORATE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. 34TH FLOOR **MIAMI FL 33131** Zio Code FI 8. The above named entity submits this sestement 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, (NOTE: Represented Agent signature required when transluring) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Addition Shange NAME ZELCER, ROSITA NAME Care 32 STREET ADDRESS STREET ADDRESS 9601 COLLINS AVENUE, #706 BÁL HARBOUR FL 33154 CITY-SI-ZIP CITY-ST-7IP TITLE MGR ☐ Detete TITLE ☐ Change ☐ Addition NAME ZELCER, SERGIO NAME STREET ADDRESS 9601 COLLINS AVENUE, #706 STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL 33154 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HAME MANE STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE Delete TITLE ☐ Change ☐ Addition NAME NARAC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Sery (305) Scrois Zelier

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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