



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2006 90119 001 ***660.00
L05000017441

DOCUMENT # L05000017441 1. Entity Name Z & S DEVELOPMENT TRUST, LLC						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; margin-top: 10px;">2006 MAY 31 P 3:08</div> <div style="font-size: 0.8em; margin-top: 5px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 66 N. ATLANTIC AVENUE, #205 COCOA BEACH, FL 32931				Mailing Address 66 N. ATLANTIC AVENUE, #205 COCOA BEACH, FL 32931			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				03172008 Chg-LLC CR2E083 (11/05) Y2			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent BLOCK, SAMUEL A ESQ. 3339 CARDINAL DRIVE, SUITE 200 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name YANE F. ZANA Street Address (P.O. Box Number is Not Acceptable) 66 N. ATLANTIC AVENUE, #205 City Cocoa Beach FL Zip Code 32931			
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 <u><i>[Signature]</i></u> YANE F. ZANA, Managing Member 5/1/06 <small>Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when changing)</small> DATE							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u> YANE F. ZANA, Managing Member 5/1/06 (772)5323418 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #							