## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/15/

## FILED Mar 16, 2006 8:00 am Secretary of State 02-15-2006 90135 009 \*\*\*\*50.00

DOCUMENT # L050000232 1. Entity Name ZRS INVESTMENTS, LLC	248		02-13-2006 90133 009 **** 30.
Principal Place of Business	Mailing Address		-
5511 LINDA DRIVE NORTH PORT, FL 34286	5511 LINDA DRIVE North Port, FL 342	86	,
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062006 Chg-LLC CR2E083 (11/05)
City & State	City & State		5FEI Number 2446823   Aprilied Fo
Zip Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
STARKEY, LAURIE	-	Name	
5511 LINDA DRIVE NORTH PORT, FL 34286		Street Address	s (P.O. Box Number is Not Acceptable)
		City	<b>□1</b> Zip Code
· · · · · · · · · · · · · · · · · · ·			<u> FL</u>
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE Signature, typed or printed name of regressive agent as	nd site il applicable (NOT	E: Registered Agent signature regula	red when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2008	· ·		Make check payable to Florida Department of State
9. MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
NAME STARKEY, LAURIE	☐ Delete	TITLE NAME	☐ Change ☐ Add
STREET ADDRESS 5511 LINDA DRIVE CITY-ST-ZIP NORTH PORT, FL 34288		STREET ADDRESS CITY-ST-ZIP	
TITLE MGR	☐ Defets	TITLE	☐ Change ☐ Add
NAME STARKEY, MARK P STREET ADDRESS 5511 LINDA DRIVE		NAME STREET ADDRESS	
TITLE NORTH PORT, FL 34286	De'ete	CITY-S1-ZIP TITLE	. Charge Add
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS C11Y-ST-ZIP	
TITLE NAME	☐ Detete	TITLE	☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE	Change 🗀 Addi
STREET ADDRESS		STREET ADDRESS	
CHY-SI-ZIP		CITY-SI-ZIP	
TITLE HAME STREET ADDRESS	□ Deletz	TITLE NAME STREET ACCRESS	☐ Crange ☐ Acdi
City-St-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with I	hat my signature shall have	the exemptions contained the same legal effect as if	d in Chapter 119, Florida Statutes, I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.



Division of Corporations

February 17, 2006

ZRS INVESTMENTS, LLC 5511 LINDA DRIVE NORTH PORT, FL 34286

Subject: ZRS INVESTMENTS, LLC

Reference Number:

L05000023248

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION