

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025568

Entity Name: RONALD K. ZIMMET JR. PL

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

501 N. GRANDVIEW AVE  
SUITE 207  
DAYTONA BEACH, FL 32118

## Current Mailing Address:

P.O. BOX 1788  
DAYTONA BEACH, FL 32115

## New Principal Place of Business:

125 BASIN STREET  
SUITE 210  
DAYTONA BEACH, FL 32114

## New Mailing Address:

125 BASIN STREET  
SUITE 210  
DAYTONA BEACH, FL 32114

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZIMMET, RONALD K JR.  
501 N. GRANDVIEW AVE  
SUITE 207  
DAYTONA BEACH, FL 32118 US

## Name and Address of New Registered Agent:

ZIMMET, RONALD K JR.  
125 BASIN STREET  
SUITE 210  
DAYTONA BEACH, FL 32114 US

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.

SIGNATURE: RONALD ZIMMET JR.

01/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ZIMMET, RONALD K JR.  
Address: 501 N. GRANDVIEW AVE, SUITE 207  
City-St-Zip: DAYTONA BEACH, FL 32118

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ZIMMET, RONALD K JR.  
Address: 125 BASIN STEEET, SUITE 210  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD ZIMMET JR.

MR

01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date