

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031951

Entity Name: ALTITUDE ZERO LLC

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

1110 3RD STREET SOUTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

3650 102ND PL
CLEARWATER, FL 333762

Current Mailing Address:

1110 3RD STREET SOUTH
ST. PETERSBURG, FL 33701

New Mailing Address:

3650 102ND PL
CLEARWATER, FL 33762

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATION, INC.
773 4TH AVENUE NORTH STE E
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, JAMES R
Address: 1110 3RD STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: WILLIAMS, SHARON E
Address: 1110 3RD STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, JAMES R
Address: 3650 102ND PL
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM (X) Change () Addition
Name: WILLIAMS, SHARON E
Address: 3650 102ND PL
City-St-Zip: CLEARWATER, FL 33762

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: JAMES R. WILLIAMS

MGRM

03/24/2006

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