

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036659

Entity Name: ZAHLE, LLC

FILED
Mar 23, 2007
Secretary of State

Current Principal Place of Business:

2030 DOUGLAS RD. #113
CORAL GABLES, FL 33134

New Principal Place of Business:

2030 SOUTH DOUGLAS RD
SUITE 113
CORAL GABLES, FL 33134

Current Mailing Address:

2030 DOUGLAS RD. #113
CORAL GABLES, FL 33134

New Mailing Address:

2030 SOUTH DOUGLAS RD
SUITE 113
CORAL GABLES, FL 33134

FEI Number: 20-2688165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALOUF, JUAN C
11314 SW 147 PLACE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MALOFF, ELIZABETH
1903 FERDINAND ST
CORAL GABLES, FL 33134 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: ELIZABETH MALOFF

03/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALOUF, JUAN C
Address: 11314 SW 147 PLACE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: ELIZABETH, MALOFF
Address: 2030 S DOUGLAS ROAD SUITE 113
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MALOFF, ELIZABETH
Address: 2030 S DOUGLAS ROAD SUITE 113
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH MALOFF

MGR

03/23/2007

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