


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000048262</b> 1. Entity Name ZOE INVESTORS, LLC	
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Principal Place of Business 1318 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705	Mailing Address P.O. BOX 16433 ST. PETERSBURG, FL 33733
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0545990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KELLY, TONDRA 1318 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000709265  
04/24/07 80147-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, TONDRA 1318 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, WALTER 1318 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705
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**DO NOT WRITE  
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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:** *J. Kelly* **4/12/07 727-866-6393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #