2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000048262

1. Entity Name ZOE INVESTORS, LLC



FILED Apr 02, 2008 08:00 AN Secretary of State

Principal Place of Business

1318 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705 Mailing Address

P.O. BOX 16433 St. Petersburg, Fl. 33733



03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0545990

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, TONDRA 1318 62ND AVENUE SOUTH ST. PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE

Signeture, typed or printed name of regulared agent and title if applicable.	(NOTE: Registered Agent aigniture required when reinitiating)	CATE
SIGNATURE		
the obligations of registered agent.		·
 the above named entity submits this statement for the purpose of chart 	iging its registered onice or registered agent, or but	ii, iii the state of rionda. Tam familiar with, and accept

FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KELLY, TONDRA
STREET ADDRESS	1318 62ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	MGRM
NAME	KELLY, WALTER
STREET ADDRESS	1318 62ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000878199 04/14/08-80045-014 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

3/24/08

127-866-6393

Daytime Phone #