2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# L05000052781

Entity Name: T & Z PARTNERS LLC

Current Principal Place of Business:

5400 SW COLLEGE ROAD
BLD 175 SUITE 302
OCALA, FL 34474

New Principal Place of Business:

739 EAST SILVER SPRINGS BLVD.
SUITE 205
OCALA, FL 34470

Current Mailing Address:

5400 SW COLLEGE ROAD
BLD 175 SUITE 302
OCALA, FL 34474

New Mailing Address:

739 EAST SILVER SPRINGS BLVD.
SUITE 205
OCALA, FL 34470

FEI Number: 68-0607710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGH, ZANDRA
9170 SW 52ND TER
OCALA , FL, FL 34476 US

Name and Address of New Registered Agent:

SINGH, ZANDRA
121 EDWARD DR.
PALM COAST ,, FL 32164 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: ZANDRA SINGH 04/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SINGH, ZANDRA
Address: 9170 SW 52ND TER
City-St-Zip: OCALA, FL 34476

Title: MGRM ( ) Delete
Name: KMETZ, THOMAS
Address: 9170 SW 52ND TER
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SINGH, ZANDRA
Address: 121 EDWARD DR.
City-St-Zip: PALM COAST, FL 32164

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: ZANDRA SINGH MGR 04/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date