2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

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Entity Name: ZANUBIA INVESTMENTS, L.L.C.

Current Principal Place of Business:

4814 ORCHARD LANE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4814 ORCHARD LANE
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-3114396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOEL KORNBERG, M.D., J.D., P.A.
7301-A WEST PALMETTO PARK ROAD
SUITE 305C
BOCA RATON, FL 33433 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:	MGRM	( ) Delete
Name:	HASSAN, CAROL	
Address:	4683 HAMMOCK CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	MGRM	( ) Delete
Name:	KARROUM, GENEVIANIE	
Address:	8715 WENDY LANE EAST	
City-St-Zip:	WEST PALM BEACH, FL 33411 US	
Title:	MGRM	( ) Delete
Name:	KARROUM, JOHN E MD	
Address:	4814 ORCHARD LANE	
City-St-Zip:	DELRAY BEACH, FL 33445	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN E. KARROUM, MD MGRM 01/24/2008

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