

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L05000063986</b> 1. Entity Name <b>A-Z DEVELOPMENT, LLC.</b>						<b>FILED</b> 06 FEB -8 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3816 UPLAND PL. VALRICO, FL 33594</b>				Mailing Address <b>3816 UPLAND PL. VALRICO, FL 33594</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>37-1512180</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ZAPPIA, ANTHONY 3816 UPLAND PL. VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZAPPIA, ANTONIO 7209 COUNTY LINE ROAD PLANT CITY, FL 33567</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOSEPH ZAPPIA 1277 RAHWAY AVE AVENEL, NJ 07001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZAPPIA, CATERINA 7209 COUNTY LINE ROAD PLANT CITY, FL 33567</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MICHAEL ZAPPIA 47 SWARTHMORE DR. CARTERET, NJ 07008</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZAPPIA, ANTHONY 3816 UPLAND PLACE VALRICO, FL 33594</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRANK ZAPPIA 200 MIDWOODWAY COLONIA, NJ 07067</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZAPPIA, GERALDO 1024 RAHWAY AVENUE AVENEL, NJ 07001</b> <input type="checkbox"/> Delete			200066199342 02/20/06--01035--012 **55.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZAPPIA, CARMEN 1032 RAHWAY AVENUE AVENEL, NJ 07001</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARVALHO, MARIA Z 210 YVONNE WAY STEWARTSVILLE, NJ 08886</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.							
<b>SIGNATURE:</b> <i>Anthony Zappia</i>				<b>ANTHONY ZAPPIA</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>1/23/06</b> Daytime Phone # <b>813-6902959</b>			