

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065362

Entity Name: ZORA, LLC

FILED  
Mar 30, 2007  
Secretary of State

## Current Principal Place of Business:

424 E CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

## New Principal Place of Business:

1324 N. FEDERAL HWY.  
HOLLYWOOD, FL 33020 US

## Current Mailing Address:

424 E CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

## New Mailing Address:

1324 N. FEDERAL HWY.  
HOLLYWOOD, FL 33020 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SZAFRICKS, IMRE  
424 E CENTRAL BLVD  
#106  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

KISS, JOZSEF L  
1321 N. FEDERAL HWY.  
HOLLYWOOD, FL 33020 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: JOZSEF L. KISS

03/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BENKE, ATTILA  
Address: SZONDY UTCA 54  
City-St-Zip: BUDAPEST, HU 1063 HU

Title: MGRM ( ) Delete  
Name: KOVACS, GABRIELLA  
Address: SZENTKORONA UTCA 188  
City-St-Zip: BUDAPEST, HU 1162 HU

## ADDITIONS/CHANGES:

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 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: ATTILA BENKE

MGRM

03/30/2007

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