

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072824

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: ZEKE CO., LLC

**Current Principal Place of Business:**

9890 HIGH MEADOW DR  
SUPERIOR TWP, MI 48198 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 871693  
CANTON, MI 481879998 US

**New Mailing Address:**

FEI Number: 38-2894736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CELESTE, ANTHONY  
817 CASSIA DR  
DAVENPORT, FL 33897 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: CELESTE, ANTHONY E  
Address: 817 CASSIA DR  
City-St-Zip: DAVENPORT, FL 33897

Title: MGR ( ) Delete  
Name: CELESTE, STEVEN J  
Address: P.O. BOX 871693  
City-St-Zip: CANTON, MI 481879998

Title: AS ( ) Delete  
Name: CELESTE, JOSIE  
Address: P.O. BOX 871693  
City-St-Zip: CANTON, MI 481879998

**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: ANTHONY E. CELESTE

MGRM

02/17/2009

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