


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**


02-15-2006 90129 050 \*\*\*\*50.00

<b>DOCUMENT # L05000079600</b>	
1. Entity Name <b>ZMH ENTERPRISES, LLC</b>	

Principal Place of Business <b>600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701</b>
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2. Principal Place of Business <b>2180 W. State Road 434</b> Suite, Apt. #, etc. <b>Suite 2118</b> City & State <b>Longwood, FL</b> Zip <b>32779</b> Country <b>USA</b>	3. Mailing Address <b>2180 W. State Road 434</b> Suite, Apt. #, etc. <b>Suite 2118</b> City & State <b>Longwood, FL</b> Zip <b>32779</b> Country <b>USA</b>
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**20007851**



01182006 Chg-LLC CR2E083 (11/05)

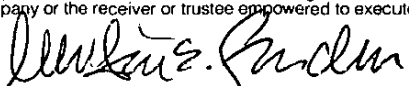
4. FEI Number <b>51-0551971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>FRIEDMAN, MARTIN S C/O ROSE SUNDTROM &amp; BENTLEY, LLP 600 S. NORTH LAKE BLVD., SUITE 160 ALTAMONTE SPRINGS, FL 32701</b>	
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7. Name and Address of New Registered Agent Name <b>Sandlands Center</b> Street Address (P.O. Box Number is Not Acceptable) <b>2180 W. State Road 434, Suite 2118</b> City <b>Longwood</b> FL Zip Code <b>32779</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>1.20.04</b> 407 830 6331 <small>Daytime Phone #</small>