

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90181 022 \*\*\*\*50.00

**DOCUMENT # L05000085839**

1. Entity Name  
**ZWEBEN REALTY, L.L.C.**



Principal Place of Business  
**2841 SE ST LUCIE BOULEVARD  
STUART, FL 34997**

Mailing Address  
**2841 SE ST LUCIE BOULEVARD  
STUART, FL 34997**

30004777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-3400210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZWEBEN, GENE R  
205 SW WINNACHEC DRIVE  
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ZWEBEN, SANDY  
2841 SE ST LUCIE BOULEVARD  
STUART, FL 34997** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ZWEBEN, GENE  
5328 SW CORAL TREE LANE  
PALM CITY, FL 34990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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☐ Change ☐ 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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/27/06 772-223-5454**

Date

Daytime Phone #