## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L05000085839

ZWEBEN REALTY, L.L.C.

Principal Place of Business

NAME STREET ADDRESS CITY-ST-ZIP

2841 SE ST LUCIE BOULEVARD STUART, FL 34997

Mailing Address

2841 SE ST LUCIE BOULEVARD STUART, FL 34997

**FILED** Mar 29, 2007 08:00 AM Secretary of State



01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-3400210	Not Applicable
E Continue of Charles Desired	\$5.00 Additional

Fee Required

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

## DO NOT WRITE

		114	INIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	l nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered agent and little if applicable	(NOTE: Registered Agent Righature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZWEBEN, GENE 5328 SW CORAL TREE LANE PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling 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: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #