

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000096534

1. Entity Name
ZONS PROPERTY 15, LLC



Principal Place of Business
605 S. FREMONT AVE
B
TAMPA, FL 33606

Mailing Address
605 S. FREMONT AVENUE
TAMPA, FL 33606



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3572078	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPTON, JOHN M
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALUZZI, PAUL A 605 S. FREMONT AVENUE, SUITE B TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/29/07-80033-006 55.00

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:

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

Date

Daytime Phone #

5/1/07

813-514-1776