


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000098008 1. Entity Name ZIGANT ST. PETE, LLC |  |
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|---|---|
| Principal Place of Business 927 ALTURAS WAY MILL VALLEY, CA 94941 | Mailing Address 927 ALTURAS WAY MILL VALLEY, CA 94941 |
|---|---|

DO NOT WRITE IN THIS SPACE



02112007 No Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 20-3597963 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MILLER, MARK E
1001 S. MACDILL BLVD., SUITE B
TAMPA, FL 33629**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|---------------------|------------------------------|
| TITLE MGR | ZIGANT, DOMENIC A |
| NAME | 927 ALTURAS WAY |
| STREET ADDRESS | MILL VALLEY, CA 94941 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/06/07-80081-003 50.00

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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: Domenic A Zigant 2/11/07 (915) 601-6105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #