## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # L05000114592  1. Entity Name ZEGG, LLC					04-03-2006 90062 007 ****50.00				
Principal Place of Business 2502 N. ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607		Mailing Address 2502 N. ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607			- - - - - - - - - - - - - - - - - - -	2002		<b>1</b> 1 <b>1</b> 117 118	150) (J. 186)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172006	Chg-LLC	CR2E083 (1	1/05)		
City & State		City & State		4. FEI Numbe	36637	87	_	plied For t Applicable	
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired		0 Add	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
STROHAUER, GARY N				Name					
1150 CLEVELAND STREET SUITE 300		Street Address		(P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33755			-	City Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its	registered	-	ored agent, or bot	h, in the State of Flo	Г.,	•	
	ions of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating)		DATE		
FI De	Signature, typed or printed name of registered agent an illing Fee is \$50.00 ue by May 1, 2006	d tide if applicable. (NOTE	E: Registered	Agent signeture require	d when reinstating}		DATE  Se check payable Department o		)
Fi D:	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER		E: Registered	Agent signeture require	d when reinstating)		e check payab Department o		)
9. IIILE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGRM		10.	Agent signature require	d when reinstating)	Florida	e check payab a Department o		Addition
9. TITLE NAME STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGRM THE RYAN GROUP, LLC 2502 N. ROCKY POINT DRIVE, SI	S/MANAGERS	10. TITLE NAME STREET	T ADDRESS	d when reinstating)	Florida	e check payab a Department o	f State	
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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 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR TRUITED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/06

Date

(813)288-8078

Daytime Phone #