

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116085

FILED
May 25, 2006
Secretary of State

Entity Name: THE ZAGRAY COMPANY LLC

Current Principal Place of Business:

10481 SW 80 ST.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10481 SW 80 ST.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 33-1127830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZAGRAY, LAWRENCE G
10481 SW 80 ST.
MIAMI, FL 33173 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAGRAY, LAWRENCE G
Address: 10481 SW 80 ST.
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: ZAGRAY, LINDA P
Address: 10481 SW 80 ST.
City-St-Zip: MIAMI, FL 33173

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: ROSS, CHERYLL B
Address: 180 EVENTIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAWRENCE G ZAGRAY

MGRM

05/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date