## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 22, 2006 8:00 am Secretary of State

03-13-2006 90353 041 \*\*\*\*55.00 **DOCUMENT # L05000119554** 1. Entity Name THE ZERO LLC Principal Place of Business Mailing Address 1649 SWAN TERRACE 1649 SWAN TERRACE 30002877 NORTH FT. MYERS, FL 33913 NORTH FT. MYERS, FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDY, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 201 NICHOLAS PARKWAY CAPE CORAL, FL 33991 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 Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TTELE PRESIDENT WIIIIAM H EVANSO Delete ☐ Change TITLE ☐ Addition TOR NAME NAME 1649 SWAN STREET ADDRESS STREET ADDRESS VFM: FL 33907 CITY-ST-ZIP CITY - ST- ZP EVELYN A SEQ TTREAS E VA AB Delete πLF Addition TITLE ☐ Channe SWAN NAME NAME STREET ADDRESS STREET ADDRESS 33903 CITY-ST-70 CITY - \$1 - 71P TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TITLE ☐ Delete TITLE ☐ Chance Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ME ☐ Delete TITLE ☐ Change ☐ Addition NAME HALLE STREET ADDRESS STREET ADDRESS

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: Quelo a. EVANS EVELYN A. EVANS 2/7/06 995-0165



March 15, 2006

THE ZERO LLC 1649 SWAN TERRACE NORTH FT. MYERS, FL 33913

Subject: THE ZERO LLC

Reference Number:

L05000119554

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION