

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119554

Entity Name: THE ZERO LLC

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

1649 SWAN TERRACE
NORTH FT. MYERS, FL 33913

New Principal Place of Business:

1649 SWAN TERRACE
NORTH FT. MYERS, FL 33903

Current Mailing Address:

1649 SWAN TERRACE
NORTH FT. MYERS, FL 33913

New Mailing Address:

1649 SWAN TERRACE
NORTH FT. MYERS, FL 33903

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

EVANS, WILLIAM H
1649 SWAN TERRACE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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: P Delete
Name: EVANS, WILLIAM H
Address: 1649 SWAN TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES:

Title: P Change Addition
Name: EVANS, EVELYN A
Address: 1649 SWAN TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST Delete
Name: EVANS, EVELYN A
Address: 1649 SWAN TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST Change Addition
Name: AALDERINK, JUDITH J
Address: 918 NE 18 TER
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN A EVANS

P

08/20/2007

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