



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90080 042 ****50.00

DOCUMENT # L06000011523					
1. Entity Name ZENOVIA LLC					
Principal Place of Business 72 10TH AVENUE SHALIMAR, FL 32579		Mailing Address 72 10TH AVENUE SHALIMAR, FL 32579			
2. Principal Place of Business - No P.O. Box # 133 Alabama Ave NW		3. Mailing Address 133 Alabama Ave NW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Walton Beach FL		City & State Ft Walton Beach FL		4. FEI Number 20-4248069	
Zip 32548		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAESTRALES, GEORGE Z 72 10TH AVENUE SHALIMAR, FL 32579				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAESTRALES, GEORGE Z 72 10TH AVENUE SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	330 Alabama Ave Ft Walton Beach FL 32548	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAESTRALES, BOBBIE K 72 10TH AVENUE SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY - ST - ZIP	330 Alabama Ave Ft Walton Beach FL 32548	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date <u>2/23/2007</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					