Mar 08 2007 10:27AM Craig M. Dorne, PA

## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L06000020596

1. Enlity Name
Z. MARTINI, LLC



MLE

HAME STREET ADDRESS

DITY-ST-ZIP

Principal Plac	s of Business - No P.C. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
<del></del>	5. Name and Address of Currer	it Registered Agent				

**FILED** Mar 12, 2007 8:00 am Secretary of State

03-12-2007 90481 033 \*\*\*\*55.00

C/O MARLO ( 2335 MAGN(		Mailing Address C/O MARLO COURTNEY 2335 MAGNOLIA DRIVE NORTH MIAMI, FL 33181			していたにの D O					
2. Principal Place of Business - No P.C. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4	1. FEI Numbar 20- 4	1364834			opiled For at Applicable	
Zip	Country	Zip	Country	5	. Certificate o	f Status Desired	×	\$5.00 Add Fas Require	iltional d	
	5. Name and Address of Current	Registered Agent		7.	Name and A	Address of New R	tegistered /	Agent		
			Name	r						
407 LINCO	N, EDWARD E DLN ROAD, PH-SE AC, FL 33139	Str		Address (P.O	). Box Number	is Not Acceptable	9)			
	;		City				FL	Zip Cod	ė	
The chave	named entity submits this statement for	or the number of changing its	aciatored office	or recipiered	nant or hoth	in the State of Ele		familier with	and accept	
	ions of registered agent.	or one horbose or custigling its:	egistered office	Of registered	agent, or both	i, in the State Or : it	onca. Tarri	24 Hive 1910),	arm acceps	
TIONATI ME										
BIGNATURE .	Signature, typed or printed name of registered agent	and the il applicable. (NOTE:	flegistered Agent sig	nequired whe	en reinstalling)		DATE	*		
filing Fee is \$50.00 Due by May 1, 2007							a Check p a Departm	ent of Stat		
). 	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM	Defete	TITLE	į.				Change	Addition	
WIE	COURTNEY, MARLO	•	NAME STOCKT ASSESSED	_						
STREET ADDRESS	2335 MAGNOLIA DRIVE		STREET ADDRESS CITY-ST-ZIP	s						
	NORTH MIAMI, FL 33181			+						
ITLE IAME		☐ Delete	TITLE NAME	}				☐ Change	Addition	
TREET ADDRESS			STREET ADDRESS	<u>.</u>						
CITY-ST-ZIP			CITY-ST-ZIP							
ITLE		Delete	TITLE	1				☐ Change	Addition	
IAME			HAME	1						
TREET ADDRESS			STREET ADORES	S						
TY-ST-BP		<del></del>	CITY-ST-ZIP	<del> </del>						
ITLE IAME		☐ Delete	TITLE NAME	1				☐ Change	Addition	
TREET ADDRESS			STREET ADDRESS	,						
TY-ST-ZIP			CITY-ST-ZIP							
ITLE		☐ Deiele	TITLE	+	<del></del>		· · · · · · · · ·	☐ Change	Addition	
AME			NAME						_	
TREET ADDRESS			STREET ADDRESS	S						
170 AT THE !			E 000/ 07 30							

11. Thereby 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 treated empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WAMAGING HEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

335-796-6589

☐ Change

Addition