


**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 011 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L06000058471</b> 1. Entity Name <b>ZIMMER PROPERTIES, LLC</b>																																																																																							
Principal Place of Business <b>330 S. FALKENBURG ROAD          TAMPA, FL 33619</b>		Mailing Address <b>330 S. FALKENBURG ROAD          TAMPA, FL 33619</b>																																																																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip		Zip																																																																																					
Country		Country																																																																																					
4. FEI Number <b>20-5306769</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																																																																																					
6. Name and Address of Current Registered Agent  <b>HINE, JAMES P          315 SOUTH HYDE PARK AVENUE          TAMPA, FL 33608</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NONE Registered Agent signature required when consisting.</small>																																																																																							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: center;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 25%; padding: 2px;">TITLE</td> <td style="width: 50%; padding: 2px;"> <b>Manager Vice President</b> <input type="checkbox"/> Delete         </td> <td style="width: 25%; padding: 2px;">TITLE</td> <td style="width: 20%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>Grey Zimmer</b></td> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>11320 McMullen Loop</b></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"><b>Riverview, FL 33569</b></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <b>Member Vice President</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><b>Sharon Zimmer</b></td> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"><b>11320 McMullen Loop</b></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"><b>Riverview, FL 33569</b></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> </tbody> </table>				9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	<b>Manager Vice President</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>Grey Zimmer</b>	NAME		STREET ADDRESS	<b>11320 McMullen Loop</b>	STREET ADDRESS		CITY - ST - ZIP	<b>Riverview, FL 33569</b>	CITY - ST - ZIP		TITLE	<b>Member Vice President</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>Sharon Zimmer</b>	NAME		STREET ADDRESS	<b>11320 McMullen Loop</b>	STREET ADDRESS		CITY - ST - ZIP	<b>Riverview, FL 33569</b>	CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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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 606, Florida Statutes.																																																																																							
SIGNATURE: <i>Sharon Zimmer</i> Sharon Zimmer		Date: <b>4/23/07</b> (813) 643-2711																																																																																					

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