

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086172

**FILED**  
**Mar 04, 2007**  
**Secretary of State**

**Entity Name:** ZENALITY, LLC

**Current Principal Place of Business:**

1424 FARRINDON CIR.  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1424 FARRINDON CIR.  
HEATHROW, FL 32746

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, MARTIN S  
2180 W. STATE ROAD 434  
SUITE 2118  
LONGWOOD, FL 32779 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: MGRM ( ) Delete  
Name: BELFIORE, PAMELA  
Address: 1424 FARRINDON CIR.  
City-St-Zip: HEATHROW, FL 32746

Title: MGRM ( ) Delete  
Name: JACKSON, WILLIE O  
Address: 1424 FARRINDON CIR.  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA BELFIORE

MGRM

03/04/2007

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