

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100495

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: ZINNANTI PROPERTIES, LLC

**Current Principal Place of Business:**

5081 HANCOCK ROAD  
SOUTHWEST RANCHES, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

5081 HANCOCK ROAD  
SOUTHWEST RANCHES, FL 33330 US

**New Mailing Address:**

FEI Number: 11-9306296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

ZINNANTI, ANTHONY  
5081 HANCOCK ROAD  
SOUTHWEST RANCHES, FL 33330 US

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: MGR ( ) Delete  
Name: ZINNANTI, ANTHONY  
Address: 5081 HANCOCK ROAD  
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: MGR ( ) Delete  
Name: ZINNANTI, MARINA  
Address: 5081 HANCOCK ROAD  
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

**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 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: ANTHONY ZINNANTI

CEO

06/15/2009

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