2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI						_		`	
DOCUMENT # L06000122348						FILED			
1. Entity Name	9						•		
ZEPHYR	PLACE, LLC			2007 MAY 1 1 AM 10: 08					
					TO WE IT				
Principal Place of Business			Mailing Address				SECRETARY OF TALLAHASSEE.F	TIORIDA	
6834 GALL BLVD US301 ZEPHYRHILLS, FL 33541			2220 34TH STREET SOUTH ST. PETERSBURG, FL 33711			'	TALLAHASSEE	LOTTIL	
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03222007	Chg-LLC CF	2E083 (12/06)	
City & State			City & State			4. FEI Numb	8142640	 - -	plied For t Applicable
Zip	Country		Zip Count		ntry	5. Certificate	e of Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of C				7. Name and	d Address of New Registe	red Agent		
BERTRAN	D LISA M	Name							
2220 34TH STREET SOUTH ST. PETERSBURG, FL 33711			Street Addre		Street Address	(P.O. Box Numb	per is Not Acceptable)		
					City	FL Zip Code			9
9 The observe	named antity or bonds this state		the average of changing its	into	l '			FL	
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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fi D:	ling Fee is \$50.00 ue by May 1, 2007						ck payable to artment of State	.	
9.	MANAGING	MEMBER	L S/MANAGERS	10.			ADDITIONS/CHAN	IGES	
TITLE	MGRM		☐ Delete	TITL				☐ Change	☐ Addition
NAME	BERTRAND, GIORGIO	NAME		-	1	0010855	19529		
STREET ADDRESS CITY-ST-7IP	2807 KIPPS COLONY DR ST. PETERSBURG, FL 33707				EET ADDRESS /-ST-ZIP	05/3	0010352)01032(004 **250	.00
TITLE	MGR Delete								☐ Addition
NAME	BERTRAND, LISA M	NAM STRE CITY		1			triange	L. Addition	
STREET ADDRESS	2807 KIPPS COLONY DR			EET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG, FL 3			r-ST-ZIP					
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TITLE NAME			☐ Delete	TITL Nak	I			☐ Change	Addition \
STREET ADORESS					EET ADDRESS				
CITY-ST-ZIP					Y-ST-ZIP			_	
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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE Date of the printed Name of Signing Managing Member Manager of Authorized Representative Date of the printed Name of Signing Managing Member Manager of Authorized Representative Date of the printed Name of Signing Managing Member Manager of Authorized Representative Date of the printed Name of Signing Managing Member Manager of Authorized Representative Date of the printed Name of Signing Managing Member Manager of Authorized Representative Date of the printed Name of Signing Managing Member Manager of Authorized Representative Date of the printed Name of Signing Member Manager of Authorized Representative Date of the printed Name of Signing Member Manager of Authorized Representative Date of the printed Name of Signing Member Manager of Authorized Representative Date of the printed Name of Signing Member Manager of Authorized Representative Date of the printed Name of Signing Member Manager of Authorized Representative Date of the printed Name of Signing Member Manager of Authorized Representative Date of the printed Name of Signing Member Member Manager of Authorized Representative Date of the printed Name of Signing Member Member Manager of Authorized Representative Date of the printed Name of Signing Member Me									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Prone #									

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