


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000122348 1. Entity Name ZEPHYR PLACE, LLC	
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Principal Place of Business 6834 GALL BLVD US301 ZEPHYRHILLS, FL 33541	Mailing Address 2220 34TH STREET SOUTH ST. PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



04302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8142640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BERTRAND, LISA M 2220 34TH STREET SOUTH ST. PETERSBURG, FL 33711	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

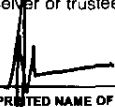
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000950362
06/04/08-80013-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTRAND, GIORGIO 2807 KIPPS COLONY DR ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERTRAND, LISA M 2807 KIPPS COLONY DR ST. PETERSBURG, FL 33707
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**DO NOT WRITE
IN THIS SPACE**

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:  **LISA BERTRAND** 6/29/08 209-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #