2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000123200

Entity Name: MZI, LLC

Current Principal Place of Business:

15822 TOWER VIEW DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15822 TOWER VIEW DRIVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-8141569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRIE, LYNN
15822 TOWER VIEW DRIVE
CLERMONT, FL 34711 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: PRES ( ) Delete
Name: CRIE, LYNN
Address: 15822 TOWER VIEW DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: TREA ( ) Delete
Name: MONTEZ, DON
Address: 16326 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTEVERDE, FL 34756

Title: SEC ( ) Delete
Name: MONTEZ, LORI
Address: 16326 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTEVERDE, FL 34756

ADDITIONS/CHANGES:

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

Title: TREA (X) Change ( ) Addition
Name: MONTEZ, DON
Address: 16326 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTVERDE, FL 34756

Title: SEC (X) Change ( ) Addition
Name: MONTEZ, LORI
Address: 16326 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTVERDE, FL 34756

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: LYNN CRIE PRES 04/29/2008

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