

Certified Mail #7006-3450-0001-1430-9759 (Return Rec'd
**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 28, 2008 8:00 am
Secretary of State**

01-28-2008 90070 050 ***138.75

60004225

DOCUMENT # L07000016802					
1. Entity Name ZEUS MULTIFACETING, LLC					
Principal Place of Business 12000 N DALE MABRY HIGHWAY, #110 TAMPA, FL 33618 US		Mailing Address PO BOX 989 PEOTONE, IL 60468 US			
2. Principal Place of Business - No P.O. Box # "Same as Above"		3. Mailing Address "Same as Above"			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	



01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8451026	Applied For Not Applicable
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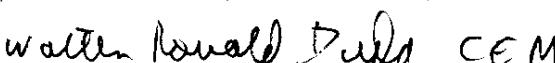
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	
Signature, typed or printed name of registered agent and title if applicable	
(NOTE: Registered Agent signature required when reinstating)	
DATE _____	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDA, WALTER R CEM 4001 WEST HENRY AVENUE TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDA, WALTER R SEC. 4001 WEST HENRY AVENUE TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDA, WALTER R 4001 WEST HENRY AVENUE TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  CEM	1-22-08	800-705-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date		
Daytime Phone #		