

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029717

Entity Name: ZAPATA'S GROUP, LLC

FILED  
Jul 12, 2008  
Secretary of State

**Current Principal Place of Business:**

7821 JAFFA DR  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

7821 JAFFA DR  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 20-8697264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CASTELLON, VICTOR A  
7821 JAFFA DR  
ORLANDO, FL 32835 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: MGRM ( ) Delete  
Name: CASTELLON, VICTOR A  
Address: 7821 JAFFA DR  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM ( ) Delete  
Name: CASTELLON, LUIS C  
Address: 7313 CHEVRY LAUREL DR  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: TRUJILLO, MANUEL E  
Address: 7340 WEST POINT BLVD - APT 326  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

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

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: MANUEL TRUJILLO

GM

07/12/2008

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