

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000045415

FILED
Mar 24, 2009
Secretary of State**Entity Name:** ZEDNA INVESTMENTS 1 LLC**Current Principal Place of Business:**1501 E 2ND AVE
TAMPA, FL 33605**New Principal Place of Business:****Current Mailing Address:**1501 E 2ND AVE
TAMPA, FL 33605**New Mailing Address:****FEI Number:** 33-1163163**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, JOSEPH M
1501 E 2ND AVE
TAMPA, FL 33605 US**Name and Address of New Registered Agent:**ZAKARIAN, MARGARET
1112 ABBEYS WAY
TAMPA, FL 33602 US

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: MARGARET ZAKARIAN

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: WILLIAMS, JOSEPH M
Address: 1501 E 2ND AVE
City-St-Zip: TAMPA, FL 33605Title: MGRM (X) Delete
Name: WILLIAMS, FRANCIS M
Address: 1501 E 2ND AVE
City-St-Zip: TAMPA, FL 33605Title: MGRM (X) Delete
Name: IRR REV TRUST FOR MA, RGARET WILLIAM S 2006
Address: 1501 E 2ND AVE
City-St-Zip: TAMPA, FL 33605**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: ZAKARIAN, MARGARET
Address: 1112 ABBEYS WAY
City-St-Zip: TAMPA, FL 33602Title: () 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: MARGARET ZAKARIAN

MGRM

03/24/2009

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