

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057043

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: ZREGAN INVESTMENTS 2, LLC

**Current Principal Place of Business:**

1501 E. 2ND AVENUE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1501 E. 2ND AVENUE  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, JOSEPH M  
1501 E. 2ND AVENUE  
TAMPA, FL 33605 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: WILLIAMS, JOSEPH M  
Address: 1501 E. 2ND AVENUE  
City-St-Zip: TAMPA, FL 33605 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, FRANCIS M  
Address: 1501 E. 2ND AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: MGRM ( ) Delete  
Name: IRR TRUST FOR MARGAR, ET WILLIAMS 20 0 6  
Address: 1501 E. 2ND AVENUE  
City-St-Zip: TAMPA, FL 33605

**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: JOSEPH M WILLIAMS

MGRM

04/21/2008

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