

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059204

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** Z ISLANDER MANAGERS OF BRYAN, LLC

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304-A  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304-A  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 26-2854113      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

O'MALLEY, ANDREW M  
712 SOUTH OREGON AVENUE  
TAMPA, FL 33606 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  
**Name:** FORT, DAVID H  
**Address:** 1301 PLANTATION ISLAND DRIVE SO, STE. 304A  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

**Title:** MGR  
**Name:** VANMOOK, TON  
**Address:** 1301 PLANTATION ISLAND DRIVE SO, STE. 304A  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

I hereby 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: DAVID H. FORT

MGR

05/12/2010

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