

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050566

**Entity Name:** ZRS PARTNERS, LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

212 TREMONT LANE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

212 TREMONT LANE  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 27-2582719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARR, KATHRYN A  
240 SOUTH PINEAPPLE AVE., 9TH FLOOR  
SARASOTA, FL 34236 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:** MS.  
**Name:** SHAFIE, SALAM  
**Address:** 212 TREMONT LANE  
**City-St-Zip:** SARASOTA, FL 34236

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:** SALAM SHAFIE

MS.

01/10/2011

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