2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L93000000086

1. Entity Name
Z WEST, L.C.

Principal Place of Business	Mailing Address
3154 NORTHSIDE DR SUITE 101 KEY WEST, FL 33040	3154 NORTHSIDE DR SUITE 101 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

03022005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3167634	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIRILLI, ANTHONY
3154 NORTHSIDE DR.
KEY WEST, FL 33040

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR	
NAME	ZIRILLI, ANTHONY C	
STREET ADDRESS	3154 NORTHSIDE DR	U000002273566
CITY-ST-ZIP	KEY WEST, FL 33040	03/23/05-80031-022 50.00
TITLE	MGR	
NAME	HILDEBRANDT, SUSAN D	
STREET ADDRESS	3154 NORTHSIDE DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		
NAME		
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CITY-ST-ZIP		

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Sue Hildebrandt_   SUE HILDEBRANDT   3/4/05   305-292-6366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #