

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 005 ****50.00

40023972



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number **65-0903176** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # L97000000370
 1. Entity Name
 ZEPHYR X PROPERTIES, L.C.



Principal Place of Business
 6893 SW 18TH ST
 #201
 BOCA RATON, FL 33433

Mailing Address
 PO BOX 4877
 DEERFIELD BEACH, FL 33442-4877

2. Principal Place of Business
 399 W. CAMINO GARDENS BL

Suite, Apt. #, etc.
 #307

City & State
 BOCA RATON, FL

Zip
 33432

Country
 USA

6. Name and Address of Current Registered Agent

FIRESTONE, DEBORAH E
 7910 TENNYSON CT.
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSTEIN, JOANNE 8950 WEST PARK #312 HOUSTON, TX 77063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Debbie Firestone Date: 3/13/06 Daytime Phone #: 561-447-7945