2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001124

1. Entity Name
ZEPHYR OLDSMAR PROPERTIES, LLC

Principal Place of Business	Mailing Address
C/O MARK S. KLEIN 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765	C/O MARK S. KLEIN 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765

01192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562902
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

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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 _____ 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, 2004

U00000030885
02/04/04-80127-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ZEPHYR 19, LTD.
STREET ADDRESS	2040 N.E. COACHMAN ROAD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGRM
NAME	WILSON, DARRALD
STREET ADDRESS	1798 N. HERCULES AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGRM
NAME	KVIDERA, KENT
STREET ADDRESS	1798 N. HERCULES AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 1/28/04 727-441-1957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #