

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01/25/06 90029 048 \*\*\*50.00

<b>DOCUMENT # L99000001124</b>	
1. Entity Name <b>ZEPHYR OLDSMAR PROPERTIES, LLC</b>	

Principal Place of Business <b>C/O MARK S. KLEIN 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765</b>	Mailing Address <b>C/O MARK S. KLEIN 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765</b>
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2. Principal Place of Business <b>1744 N. Belcher Rd. Suite, Apt. #, etc. Suite 200 City &amp; State Clearwater, FL Zip 33765 Country USA</b>	3. Mailing Address <b>1744 N. Belcher Rd. Suite, Apt. #, etc. Suite 200 City &amp; State Clearwater, FL Zip 33765 Country USA</b>
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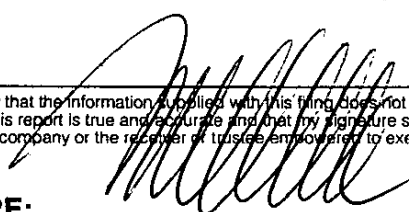
	
01042006	Chg-LLC
CR2E083 (11/05)	
4. FEI Number <b>59-3562902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent <b>RAYMOND, J. PAUL 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZEPHYR 19, LTD. 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Zephyr 19 Ltd. 1744 N. Belcher Rd. Ste 200 Clearwater, FL 33765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILSON, DARRALD 1798 N. HERCULES AVENUE CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KVIDERA, KENT 1798 N. HERCULES AVENUE CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.	
<b>SIGNATURE:</b> 	<b>1/19/06</b> <b>727-441-1851</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	