2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 11, 2004 08:00 AM **DOCUMENT # L99000004493 Secretary of State** 1. Entity Name Z & B INVESTMENTS, L.C. Mailing Address Principal Place of Business 2156 JULIAN DRIVE NE 2156 JULIAN DRIVE NE PALM BAY, FL 32905 PALM BAY, FL 32905 02082004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3610708 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FALLACE, JAMES HESQ DO NOT WRITE 1900 S HICKORY STREET MELBOURNE, FL 32901 IN THIS SPACE 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, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE UNDERILL, DR. ROBERT JR KAME STREET ADDRESS 2156 JULIAN DRIVE U00000046817 02/12/04-80016-001 50.00 CITY-ST-ZIP PALM BAY, FL 32905 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 employees to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CTTY ST ZIP