

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90014 031 \*\*\*\*50.00

**DOCUMENT # L99000004950**

1. Entity Name  
**ZONER, LLC**



Principal Place of Business  
**580 A WILMER AVE., SUITE A  
ORLANDO, FL 32808**

Mailing Address  
**580 A WILMER AVE., SUITE A  
ORLANDO, FL 32808**



01202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3591853**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRANZONE, MICHAEL J  
8335 LAKE CROWELL CIRCLE  
ORLANDO, FL 32836**

**DO NOT WRITE  
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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME FRANZONE, MICHAEL J  
STREET ADDRESS 8335 LAKE CROWELL CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE MGRM  
NAME FRANZONE, LISA M  
STREET ADDRESS 8335 LAKE CROWELL CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
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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: *Michael J. Franzone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-04 4073630859  
Date Daytime Phone #