2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

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

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



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3591853

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FRANZONE, MICHAEL J & 8335 LAKE CROWELL CIRLCE ORLANDO, FL 32836

the obligations of registered agent

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE					
F	lling Fee is \$50.00 ue by May 1, 2004							
9.	MANAGING MEMBERS/MANAGERS							
TITLE	MGRM							
NAME	FRANZONE, MICHAEL J		and the beautiful tenteral contraction in					
STREET ADDRESS	8335 LAKE CROWELL CIRCLE							
CITY-ST-ZIP	ORLANDO, FL 32836		A Continue of the Continue					
TITLE	MGRM							
NAME	FRANZONE, LISA M		A Transaction of the Control of the					
STREET ADDRESS	8335 LAKE CROWELL CIRCLE							
CITY-ST-ZIP	ORLANDO, FL 32836							
TITLE			24.41.75 [A. W. W. L. L. C. C. C. L.					
NAME	[:							
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CITY-ST-ZIP			NOT WRITE					
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STREET ADDRESS								
CITY-ST-ZIP								

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

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: X - X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

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

4-30-04 40736308