


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90427 034 ****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
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2. Principal Place of Business 8201 46TH Ave N	3. Mailing Address PO Box 2507
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST Petersburg FL	City & State Pinellas Park FL
Zip 33709	Zip 33780
Country USA	Country USA

00011071



1st MOORE CR2E083 (10/05)

4. FEI Number 59-3591853	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRANZONE, MICHAEL J 8335 LAKE CROWELL CIRLCE ORLANDO FL 32836	
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7. Name and Address of New Registered Agent Name Lisa Franzone	
Street Address (P.O. Box Number is Not Acceptable) 8201 46TH Ave N	
City ST Petersburg	Zip Code FL 33709

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 *Lisa Franzone* February 13, 2006
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Vice President <input type="checkbox"/> Delete FRANZONE, MICHAEL J 8335 LAKE CROWELL CIRCLE ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - President <input type="checkbox"/> Delete FRANZONE, LISA M 8335 LAKE CROWELL CIRCLE ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Michael J Franzone 8201 46TH Ave N ST Petersburg FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition Lisa M Franzone 8201 46TH Ave N ST Petersburg FL 33709
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"/> Change <input type="checkbox"/> Addition
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 Section 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.

SIGNATURE: *Lisa Franzone* 2-13-2006 727-545-3460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #