

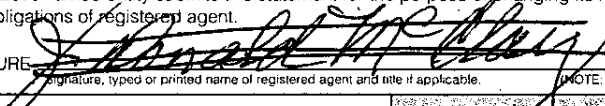
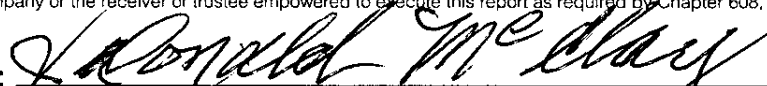


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90195 021 \*\*\*\*50.00

<b>DOCUMENT # L99000007317</b> 1. Entity Name <b>ZENITH GODLEY, L.L.C.</b>					
Principal Place of Business <b>4233 NE SKYLINE DRIVE JENSEN BEACH FL 34957</b>				Mailing Address <b>4233 NE SKYLINE DRIVE JENSEN BEACH FL 34957</b>	
<b>MARTON CTX, FLA.</b>					
2. Principal Place of Business <b>SAIME</b>		3. Mailing Address <b>4233 SKYLINE DR.</b>		MOORE CR2E083 (11/03)	
Suite, Apt. #, etc. <b>.</b>		Suite, Apt. #, etc. <b>JENSEN BEACH</b>		4. FEI Number <b>65-0956274</b>	
City & State <b>JENSEN BEACH FLA</b>		City & State <b>JENSEN BEACH FLA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34957</b>		Country <b>MARTON</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCCLAY, J. DONALD 4233 NE SKYLINE DRIVE JENSEN BEACH FL 34957</b>				7. Name and Address of New Registered Agent Name <b>NONE</b> 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:  DATE: _____ <small>(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCCLAY, J. DONALD 4233 NE SKYLINE DRIVE JENSEN BEACH FL 34957</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"/> 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			
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					