

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

DOCUMENT # M05000001955

1. Entity Name

ZACK FAMILY PROPERTY LLC



02-12-2008 90065 034 ***138.75

03-12-2008 90239 038 ***138.75

Principal Place of Business

10 MORNINGSID DR
YARDLEY PA 19067

Mailing Address

P.O. BOX 512012
PUNTA GORDA FL 33951

2. Principal Place of Business - No P.O. Box #

8125 RIVERSIDE DR

3. Mailing Address

P.O. Box 512012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PUNTA GORDA, FL

City, State

PUNTA GORDA FL

City & State

Zip

33982

Country

USA

Zip

33951

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

22-3416370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZACK, JOHN J
8125 RIVERSIDE DR
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ZACK, JOHN J	
STREET ADDRESS	8125 RIVERSIDE DR	
CITY- ST- ZIP	PUNTA GORDA FL 33982	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZACK, JOHN	
STREET ADDRESS	10 MORNINGSID DR	
CITY- ST- ZIP	YARDLEY PA 19067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

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

Date

Display Phone #