

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

DOCUMENT # M05000001955

1. Entity Name

ZACK FAMILY PROPERTY LLC



Principal Place of Business

10 MORNINGSIDE 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

City & State

Zip

33982

Country

USA

Zip

33951

Country

USA

6. Name and Address of Current Registered Agent

ZACK, JOHN J
8125 RIVERSIDE DR
PUNTA GORDA FL 33982

4. FEI Number
22-3416370

Applied For
Not Applicable

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

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 (use if applicable)

(NOTE: Registered Agent signature required when remitting)

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

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZACK, JOHN J 8125 RIVERSIDE DR PUNTA GORDA FL 33982	<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	P ZACK, JOHN 10 MORNINGSIDE DR YARDLEY PA 19067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

02-12-2008 90065 034 ***138.75

03-12-2008 90239 038 ***138.75



1st MOORE CR2E083 (10/07)

Daytona Beach