## 2007 LIMITED LIABILITY COMPANY

## Jul 10, 2007 8:00 am ANNUAL REPORT Secrétary of State **DOCUMENT # M05000004120** 07-10-2007 90039 022 \*\*\*\*55.00 NAYLOR, LLC Principal Place of Business Mailing Address 100 N. CRESCENT DRIVE, #300 100 N. CRESCENT DRIVE, #300 **BEVERLY HILLS, CA 90210-5452** BEVERLY HILLS, CA 90210-5452 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5950 NW 1st 5950 NW Suite, Apt. #, etc. Suite, Apt. #, etc 07042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Florida Guinesu Gainesville 20-3140220 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired <u>3260</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGRM TITLE Oelele TITLE Addition ☐ Change ZC HOLDINGS, LLC Bob Hitesman NAME NAME 100 N. CRESCENT DRIVE, #300 5950 NW 1st Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, CA 902105452 CITY-ST-ZIP Gainesville, FL, 32607 **Addition** TITLE ☐ Delete HILE ☐ Change Alexander DeBarr NAME NAME 5950 NW 1ST Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gainesville . FL 3260 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP

FILED

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

THE

NAME

STREET ADDRESS

CITY-ST-ZIP

201-775-075 RODERT MITESITAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE