

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000599

FILED
Jul 16, 2009
Secretary of State

Entity Name: ZOE 1ST PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

101 CONVENTION CENTER DRIVE STE 700
LAS VAGAS, NV 89109

New Principal Place of Business:

Current Mailing Address:

101 CONVENTION CENTER DRIVE STE 700
LAS VAGAS, NV 89109

New Mailing Address:

FEI Number: 74-3181446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TEDTAOTAO, JAMES W
1023 S HWY 77 STE 110 #129
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

TEDTAOTAO, JAMES W
2310 S HWY 77 STE 110 #129
LYNN HAVEN, FL 32444 US

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.

SIGNATURE:

07/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TEDTAOTAO, JAMES W
Address: 1023 S HWY 77 STE 110
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR () Delete
Name: TEDTAOTAO, MARIA U
Address: 1023 S HWY 77 STE 110
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES W. TEDTAOTAO

MGR

07/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date