


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000152
1. Entity Name
ZAGARA, L.L.C.



Principal Place of Business 479 ROUTE 17 MAHWAH, NJ 07430	Mailing Address 479 ROUTE 17 MAHWAH, NJ 07430
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DO NOT WRITE IN THIS SPACE



03122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3470753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, STEVEN L
2081 E. OCEAN BLVD.
2ND FLOOR
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRASCO, MICHAEL P 479 ROUTE 17 MAHWAH, NJ 07430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRASCO, MATTHEW J 479 ROUTE 17 MAHWAH, NJ 07430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOITNOTT, NANCY 479 ROUTE 17 MAHWAH, NJ 07430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/28/05-80067-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3-22-05 DAYTIME PHONE #: 2015291213

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