

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000152

Entity Name: ZAGARA, L.L.C.

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

25 PARK WAY
UPPER SADDLE RIVER, NJ 07458

New Principal Place of Business:

Current Mailing Address:

25 PARK WAY
UPPER SADDLE RIVER, NJ 07458

New Mailing Address:

FEI Number: 22-3470753 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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRASCO, MICHAEL P
Address: 25 PARK WAY
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: MGR () Delete
Name: FRASCO, MATTHEW J
Address: 25 PARK WAY
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: MGR () Delete
Name: BOITNOTT, NANCY
Address: 25 PARK WAY
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

ADDITIONS/CHANGES:

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

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: MATTHEW J. FRASCO

MGR

07/16/2008

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