2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 31, 2008 08:00 AN **Secretary of State**

Applied For

Not Applicable

DOCUMENT # L0300004 1. Entity Name ZRA, LLC		
Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134	Mailing Address 2800 PONCE DE LEON BLVD MIAMI, FL 33134	., SUITE 1125



IN THIS SPACE

01242008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1867245 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SEIF, EVAN D DO NOT WRITE 2800 PONCE DE LEON BLVD., SUITE 1125

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

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MIAM!, FL 33134

DATE U00000806979 02/06/08-80063-009 138.75

9.	MANAGING MEMBERS/MANAGERS		
HILE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, BARRY 2800 PONCE DE LEON BLVD STE 1125 CORAL GABLES, FL 33134	/422 ,	
NAME STREET ADDRESS CITY-S1-ZIP			
NAME STREET ADDRESS CHTY-ST-ZIP			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP	could, that the information propled with \$50 fine does not a also	, ge	

controls because the innormation supplied with the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited hability company or the reverver or trustee propowered to execute this report as required by Chapter 608. Plotida Statutes

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

305-705-002**6**