2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 31, 2008 08:00 A Secretary of State **DOCUMENT # L07000059393** Z4 5000 LLC Principal Place of Business Mailing Address 4679 SW 72 AVENUE 4679 SW 72 AVENUE MIAMI, FL 33155 MIAM!, FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-LLC' CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 41-2242040 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEDAN, GADALA Street Address (P.O. Box Number is Not Acceptable) 4679 SW 72 AVENUE MIAMI, FL 33155 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make -Make check payable to FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition MGR TITLE TITLE ☐ Delete NAME ZEDAN, GADALA NAME U00000875624 STREET ADDRESS STREET ADDRESS 4679 SW 72 AVENUE 04/11/08-80040-013 138.75 CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF THE SAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-7IP