


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90204 030 ****50.00

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|---|--|--|--|--|--|
| DOCUMENT # L01000006927 1. Entity Name ZAR ENGINEERS, LLC | | | |  | |
| Principal Place of Business 5600 COLLINS AVE., #10C MIAMI BEACH, FL 33140 | | | Mailing Address 5600 COLLINS AVE., #10C MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 7000 Island Blvd. 1206 Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Aventura, FL Zip 33160 | | Country U.S.A. | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORTAZAR, NICOLAS 5600 COLLINS AVE., #10C MIAMI BEACH, FL 33140 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CORTINZAR, GABRIEL 5600 COLLINS AVE#10-C MIAMI BEACH, FL 33146 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CAMILO F. SANCHEZ 5600 COLLINS AVE MIAMI BEACH, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Nicolas Cortazar</u> | | | <u>5/20/04</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |