

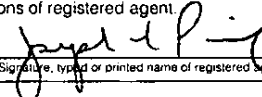



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90162 014 ****50.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # L01000020298 1. Entity Name JODANSI PROPERTIES, LLC | | | |  | |
| Principal Place of Business 1150 NW 72ND AVE STE 500 MIAMI, FL 33126 | | | Mailing Address 1150 NW 72ND AVE STE 500 MIAMI, FL 33126 | | |
| 2. Principal Place of Business 1150 NW 72 Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126 | | 3. Mailing Address 1150 NW 72 Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126 | |  | |
| 4. FEI Number 65-1155668 | | 01242005 Chg-LLC CR2E083 (10/03) 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 PEREZ, JOSEPH H 1150 NW 72ND AVE STE 500 MIAMI, FL 33126 | | | |
| 7. Name and Address of New Registered Agent Name Perez, Joseph H Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72nd Ave Suite Suite 620 City Miami | | FL 33126 | | | |
| 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  Joseph H. Perez 03/23/2005 DATE <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZEREP HOLDINGS, LLC 1150 NW 72ND AVE STE 500 MIAMI, FL 33126 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Zerep Holdings, LLC 1150 NW 72 Ave, Ste 620 Miami, FL 33126 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  Joseph H. Perez 03/23/2005 305.994.9494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |