


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:17

DOCUMENT # L01000020298		
1. Entity Name JODANSI PROPERTIES, LLC		

Principal Place of Business 1150 NW 72ND AVE STE 620 MIAMI, FL 33126	Mailing Address 1150 NW 72ND AVE STE 620 MIAMI, FL 33126
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2. Principal Place of Business 13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA	3. Mailing Address 13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA
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04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1155668	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 1150 NW 72ND AVE STE 620 MIAMI, FL 33126
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7. Name and Address of New Registered Agent Name Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 13794 N.W. 4 St., Ste. 200 City Sunrise FL Zip Code 33325

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 _____ 200075220202
05/25/06--01008--009 **250.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEREP HOLDINGS, LLC 1150 NW 72ND AVE, STE 620 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael T. Montero 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joseph H. Perez 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325 <input type="checkbox"/> Change <input checked="" 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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael T. Montero (Michael T. Montero, Manager) 4/26/06 954-837-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #