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May 09, 2003 8:00 am
Secretary of State
04-15-2003 90033 003 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002869

1. Entity Name
ZB EXCLUSIVE, LLC

55039389

Principal Place of Business	Mailing Address
% REYGADAS AND ASSOCIATES 100 SOUTHEAST SECOND STREET, SUITE 2600 MIAMI, FL 33131	% REYGADAS AND ASSOCIATES 100 SOUTHEAST SECOND STREET, SUITE 2600 MIAMI, FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
45 E Flagler St		3500 Mystic Pointe Dr	
Suite, Apt. #, etc. # 21		Suite, Apt. #, etc. Bld 400 # 3503	
City & State Miami - Fl		Aventura - FL	
Zip 33132	Country USA	Zip 33180	Country USA

4. FEI Number 75-3000849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYGADAS, JOSE A
REYGADAS & ASSOCIATES
100 SOUTHEAST SECOND STREET, SUITE 2600
MIAMI, FL 33131

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 ________________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE ANNUAL REPORT ... Make Check Payable to Florida Department of State ... DUE BY MAY 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Manager NAME Mario G. Rosenthal STREET ADDRESS 3500 Mystic Pointe Dr. # 3503 CITY-ST-ZIP Aventura - FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] 4-10-03 (305) 523-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #