



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90124 001 ***650.00

DOCUMENT # L02000003950 1. Entity Name WESTSIDE MOTORS LTD. CO.			
Principal Place of Business 4015 WEST 16TH AVENUE HIALEAH, FL 33012		Mailing Address 4015 WEST 16TH AVENUE HIALEAH, FL 33012	
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	
			
		04042006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 01-0622356	
		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 7270 NW 12 STREET STE100 MIAMI, FL 33126		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	MGRM
NAME	ZEREP HOLDINGS, LLC	NAME	Zerep Holdings, LLC
STREET ADDRESS	1150 NW 72 AVE. STE 620	STREET ADDRESS	13794 N.W. 4 St., Ste. 200
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	Sunrise, FL 33325
	Delete <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	TITLE	
NAME	ARANGO, EMILIO MGR	NAME	
STREET ADDRESS	4015 WEST 16TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
	Delete <input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	Delete <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	Delete <input type="checkbox"/>		<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: <u>Joseph H. Perez</u> (Joseph H. Perez, Managing Member) 4/26/06, 954-837-0456 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			