2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90073 030 ****50.00

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DOCUMENT # L02000030437

1. Entity Name
ZEREP RENTALS, LLC

Principal Place of Business
9700 NW 17TH ST
MIAMI, FL 33172

Mailing Address
9700 NW 17TH ST
MIAMI, FL 33172

04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1150 NW 72nd Ave	1150 NW 72nd Ave
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Miami, FL	City & State Miami, FL
Zip 33126 Country US.	Zip 33126 Country US

4. FEI Number 03-0496040 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JOSEPH H 9700 NW 17TH ST MIAMI, FL 33172	Name: Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable): 1150 NW 72nd Ave Suite 500 City: Miami FL Zip Code: 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 _____ 4/28/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME	PEREZ, JOSEPH H	NAME	Zerep Holdings, LLC
STREET ADDRESS	9700 W 17TH ST	STREET ADDRESS	1150 NW 72nd Ave, Suite 500
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	Miami, FL 33126
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/28/2004 (305) 994-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #