

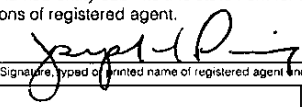
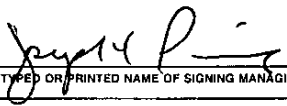


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-30-2005 90162 005 ****50.00

DOCUMENT # L02000030437					
1. Entity Name ZEREP RENTALS, 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		3. Mailing Address 1150 NW 72 Ave			
Suite, Apt. #, etc. Suite 620		Suite, Apt. #, etc. Suite 620			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33126		Zip 33126			
Country US		Country US		01252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 03-0496040				Applied For 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 72 Ave Ste. 620 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:  Joseph H. Perez 03/23/2005 DATE					
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, Florida 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					