
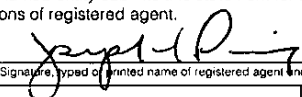



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 | Country US | Zip 33126 | Country US |
| 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 | |
| | | 4. FEI Number 03-0496040 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| | | 01252005 Chg-LLC | CR2E083 (10/03) |
| | | 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 | |
| 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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Zerep Holdings, LLC 1150 NW 72 Ave, Ste 620 Miami, Florida 33126 |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 # |