


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90124 001 ***650.00

DOCUMENT # L02000030437	
1. Entity Name ZEREP RENTALS, LLC	

Principal Place of Business 1150 NW 72ND AVE STE 620 MIAMI, FL 33126	Mailing Address 1150 NW 72ND AVE STE 620 MIAMI, FL 33126
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30006465

2. Principal Place of Business 13794 N.W. 4 St.	3. Mailing Address 13794 N.W. 4 St.
Suite, Apt. #, etc. Ste. 200	Suite, Apt. #, etc. Ste. 200
City & State Surprise, FL	City & State Surprise, FL
Zip 33325 Country USA	Zip 33325 Country USA



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0496040	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 1150 NW 72ND AVE STE 620 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 Surprise State FL Zip Code 33325
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEREP HOLDINGS, LLC 1150 WB 72 AVE STE 620 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zerep Holdings LLC 13794 N.W. 4 St., Ste. 200 Surprise, FL 33325 <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
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
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 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: 	(Joseph H. Perez, Managing Member) 4/26/06	954-837-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #