2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # L02000030444** 04-30-2004 90073 028 ****50.00 ZERÉP CONSTRUCTION, LLC Principal Place of Business Mailing Address 24060873 9700 NW 17 STREET 9700 NW 17 STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 72nd Ave 04282004 Cha-LLC CR2E083 (10/03) 4. FEI Number Applied For 57-1140445 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JOSEPH H 9700 NW 17 STREET MIAMI, FL 33172 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 and title if applicable Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. rep Holdings, LLC Ste 500 **MGRM** Detete TITLE Addition THE NAME PEREZ, JOSEPH STREET ADDRESS 9700 NW 17 ST STREET ADDRESS 2017 51 762 CITY-ST-ZIE MIAMI, FL 33172 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY - ST - ZIP CITY-ST-ZIE Defete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section (19.07(3)(r)). 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

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: _____