

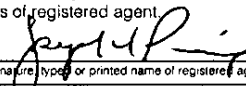
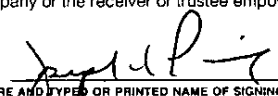


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-30-2005 90162 009 ****50.00

DOCUMENT # L02000030444 1. Entity Name ZEREP CONSTRUCTION, LLC					
Principal Place of Business 1150 NW 72ND AVE SUITE 500 MIAMI, FL 33126 US			Mailing Address 1150 NW 72ND AVE SUITE 500 MIAMI, FL 33126 US		
2. Principal Place of Business 1150 NW 72 Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126		3. Mailing Address 1150 NW 72 Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126			
4. FEI Number 57-1140445		01252005 Chg-LLC CR2E083 (10/03) 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 SUITE 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 72nd Ave Suite 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	
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 72nd 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
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 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 #	