

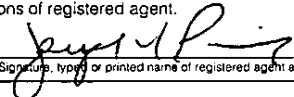



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-30-2005 90162 007 \*\*\*\*50.00

<b>DOCUMENT # L02000030522</b>					
<b>1. Entity Name</b> ZEREP MANAGEMENT, LLC					
<b>Principal Place of Business</b> 1150 NW 72ND AVE STE 500 MIAMI, FL 33126			<b>Mailing Address</b> 1150 NW 72ND AVE STE 500 MIAMI, FL 33126		
<b>2. Principal Place of Business</b> 1150 NW 72 Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126 Country US		<b>3. Mailing Address</b> 1150 NW 72 Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126 Country US			
01252005 Chg-LLC CR2E083 (10/03)				<b>4. FEI Number</b> 03-0496522	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PEREZ, JOSEPH H 1150 NW 72ND AVE STE 500 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72nd Avenue Suite 620 City Miami State FL Zip Code 33126		
<b>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.</b>					
SIGNATURE  <b>Joseph H. Perez</b> <b>03/23/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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, Suite 620 Miami, Florida 33126
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
SIGNATURE:  <b>Joseph H. Perez</b> <b>03/23/2005</b> <b>305.994.9494</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					