

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90124 001 \*\*\*650.00

**DOCUMENT # L02000030522**

1. Entity Name  
**ZEREP MANAGEMENT, 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**

**30006462**



2. Principal Place of Business

3. Mailing Address

**13794 N.W. 4 St.**

**13794 N.W. 4 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste. 200**

**Ste. 200**

City & State

City & State

**Sunrise, FL**

**Sunrise, FL**

Zip

Zip

**33325**

**33325**

Country

Country

**USA**

**USA**

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**03-0496522**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**Sunrise**

FL

Zip Code

**33325**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ZEREP HOLDINGS, LLC  
1150 NW 72 AVE STE 620  
MIAMI, FL 33126** Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Zerep Holdings, LLC  
13794 N.W. 4 St., Ste. 200  
Sunrise, FL 33325** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Joseph H. Perez, Managing Member** 4/26/06 954-837-0456