


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90124 001 ***650.00

| | |
|---|---|
| DOCUMENT # L02000030529 1. Entity Name RANCHO HOLDINGS, LLC |  |
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| Principal Place of Business 1150 NW 72ND AVE STE 620 MIAMI, FL 33126 | Mailing Address 1150 NW 72ND AVE STE 620 MIAMI, FL 33126 |
|--|--|

30006461

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



04202006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 03-0496526 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$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 | |
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| 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 | |
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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 _____

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

**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 NORTHWEST 72ND AVE, SUITE 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 Sunrise, 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 |
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| 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:

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

Date

Daytime Phone #

Joseph H. Perez, Managing Member 4/28/06 954-837-0456