

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90073 024 ****50.00

DOCUMENT # L02000030645
 1. Entity Name
 ZEREP PROPERTIES, LLC



Principal Place of Business Mailing Address
 9700 NW 17 STREET 9700 NW 17 STREET
 MIAMI, FL 33172 MIAMI, FL 33172

24060877



2. Principal Place of Business 3. Mailing Address
 1150 NW 72nd Ave 1150 NW 72nd Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 500 Suite 500

04282004 Chg-LLC CR2E083 (10/03)

City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33126 US 33126 US

4. FEI Number Applied For
 03-0496508 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEREZ, JOSEPH H
 9700 NW 17 STREET
 MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Perez, Joseph H
 Street Address (P.O. Box Number is Not Acceptable)
 1150 NW 72nd Ave
 Suite 500
 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 (NOTE: Registered Agent signature required when re-registering) DATE 4/28/2004

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JOSEPH H	
STREET ADDRESS	9700 NW 17 STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zerep Holdings, LLC	
STREET ADDRESS	1150 NW 72nd Ave, Suite 500	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 606, Florida Statutes.

SIGNATURE: Joseph H Perez DATE: 4/28/2004 (305) 994-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #