

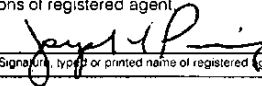
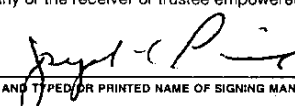


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

03-30-2005 90162 006 ****50.00

DOCUMENT # L02000030645					
1. Entity Name ZEREP PROPERTIES, 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 72nd Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126 Country U.S		3. Mailing Address 1150 NW 72nd Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126 Country US		20025370 	
01252005 Chg-LLC CR2E083 (10/03)				4. FEI Number 03-0496508	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 Avenue 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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, SUITE 500 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZerEP Holdings, LLC 1150 NW 72nd Ave, Suite 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
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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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					