## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

							ary	<i>)</i> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ill
1. Entity Nam	MENT # L02000030 ROPERTIES, LLC	645				03-30-200	_		
Principal Plac	e of Business	<u> </u>				20021	ころらい		
1150 NW 72ND AVE 1150 NW 72ND			AVE		20025370				
SUITE 500 MIAMI, FL 3	3126 US	SUITE 500 Miami, FL 33126 US		ļ					
IVIIAWII, FL 3	3120 03	WIMWII, FL 33120 US	)	-					
2. Principal P	lace of Business	3. Mailing Address							
1150 NW 72nd Ave		1150 NW 72nd AVE		<u>'</u>		)	BRIII WRIED		,
Suite, Apt. #, etc. Suite 620		Suite, Apt. #, etc.			01252005	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			4. FEI Numi	ber		Ar	plied For
<u> Miam</u>	vi, Florida	Miami, Flo	orida		03-04	96508		No	ot Applicable
Zip	Country	Zip	Country		5. Certificat	e of Status Desire	ed 🗆	\$5.00 Add	
33126	6. Name and Address of Current 8	33126	<u> </u>					Fee Require	d
	o. Name and Address of Current	negistered Agent	Name		7. Name an	d Address of Ne	w Hegistered	Agent	
PEREZ, JOSEPH H						eph 1	1		
1150 NW 7		Street /	Address (P	O. Box Num	ber is Not Accept	able) Ivenu	e.		
SUITE 500 MIAMI, FL 33126				1	~~~		175-15		
14111 (1411) 1 2	00.20		<u> </u>	te.	620			17-0-4	_
				2001	•		FL	- ロンンロ	26
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	or registere	d agent, or b	oth, in the State o	f Florida. I am	familiar with,	and accept
SIGNATURE .	Jane 1 1 Ping	nd title if applicable. (NOTE;	Registered Agent signs	erez		3/23/	2005 DATE		
Fi De	ling Fee is \$50.00 ue by May 1, 2005						fake check prida Departn		e
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIO	NS/CHANGE	S	
TITLE	MGRM	☐ Delete	TITLE	MGR	H			Change	Addition
NAME	ZEREP HOLDINGS, LLC		NAME	Tere	ed Hol	dings, 72nd f			20
STREET ADDRESS	1150 NW 72ND AVE, SUITE 500		STREET ADDRESS		้าเก้า	12nd r	700,0	1-	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Mia	<u>mi, t</u>	brida	3312	_	
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRESS	ļ					
CATY-ST-ZIP			CITY-ST-ZIP	i					
TITLE	"	☐ Delete	TITLE				• •	☐ Change	Addition
NAME			NAME						
STREET AODRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY+ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY+ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	-					
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filling 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: Toseph H. Perez 03/23/2005 305.994.9494

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

Date

Daylore Phone is