

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

**30006456**



<b>DOCUMENT # L02000030646</b> 1. Entity Name <b>ZEREP HOLDINGS, LLC</b>			
Principal Place of Business <b>1150 NW 72ND AVE STE 620 MIAMI, FL 33126</b>		Mailing Address <b>1150 NW 72ND AVE STE 620 MIAMI, FL 33126</b>	
2. Principal Place of Business <b>13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City &amp; State Sunrise, FL Zip 33325 Country USA</b>		3. Mailing Address <b>13794 NW 4 St. Suite, Apt. #, etc. Ste. 200 City &amp; State Sunrise, FL Zip 33325 Country USA</b>	
4. FEI Number <b>13-4226334</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PEREZ, JOSEPH H 1150 NW 72ND AVE STE 620 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>Perez, Joseph H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13794 N.W. 4 St., Ste. 200</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33325</b>	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PEREZ, JOSEPH H 1150 NW 72ND AVE, SUITE 620 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Perez, Joseph H. 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.			
<b>SIGNATURE:</b> <u>Joseph H. Perez</u> (Joseph H. Perez, Managing Member) 4/26/06 954-837-0456			