2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90123 001 ***550.00

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04052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000007279

1. Entity Name
PERMONT DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1150 NW 72 AVE SUITE 620 MIAMI, FL 33126-1921	1150 NW 72 AVE SUITE 620 MIAMI, FL 33126-1921

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

4. FEI Number 56-2324644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JOSEPH H 1150 NW 72 AVENUE SUITE 620 MIAMI, FL 33126-1921	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

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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 1150NW 72 AVE. SUITE 620 MIAMI, FL 331261921	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perez, Joseph H. 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTERO, MICHAEL T 1150 NW 72 AVE. SUITE 620 MIAMI, FL 331261921	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Montero, Michael T. 13794 N.W. 4 St. Ste. 200 Sunrise, FL 33325	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: MMonte (Michael T. Montero, Manager) 4/26/06 954-830-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #