


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L03000009697</b>	
1. Entity Name <b>ZEREP ENTERTAINMENT, LLC</b>	

Principal Place of Business <b>1150 NW 72ND AVE STE 620 MIAMI, FL 33126 US</b>	Mailing Address <b>1150 NW 72ND AVE STE 620 MIAMI, FL 33126 US</b>
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**30006464**

2. Principal Place of Business <b>13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City &amp; State Sunrise, FL Zip 33325</b>	3. Mailing Address <b>13794 N.W. 4 St. Suite, Apt. #, etc. Ste. 200 City &amp; State Sunrise, FL Zip 33325</b>
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04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>56-2471615</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PEREZ, JOSEPH H 1150 NW 72ND AVE SUITE 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> FL Zip Code <b>33325</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZEREP HOLDINGS LLC 1150 NW 72ND AVE. SUITE 620 MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Zerep Holdings, LLC 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325</b> <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 608, Florida Statutes.

<b>SIGNATURE:</b> <u>Joseph H. Perez, Managing Member</u>	Date <u>4/26/06</u>	Daytime Phone # <u>954-837-0456</u>
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