

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2006  
Secretary of State**

DOCUMENT# L03000014018

Entity Name: H ZAICANER, LLC

**Current Principal Place of Business:**

2000 ISLAND BLVD., UNIT 1101  
AVENTURA, FL 331604960

**New Principal Place of Business:**

**Current Mailing Address:**

2000 ISLAND BLVD., UNIT 1101  
AVENTURA, FL 331604960

**New Mailing Address:**

FEI Number: 57-1162755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FL  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOHRER, MARCIA ZAICANE  
Address: 2000 ISLAND BLVD., UNIT 1101  
City-St-Zip: AVENTURA, FL 331604960

Title: MGR ( ) Delete  
Name: MOHRER, MAURICIO  
Address: 2000 ISLAND BLVD., UNIT 1101  
City-St-Zip: AVENTURA, FL 331604960

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOHRER, MARCIA Z  
Address: 2000 ISLAND BLVD., UNIT 1101  
City-St-Zip: AVENTURA, FL 331604960

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURICIO MOHRER

MGR

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date