

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90044 023 ****50.00

DOCUMENT # L03000040774

1. Entity Name

ZRA, LLC



Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134	Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134
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20040228



1st MOORE CR2E083 (10/04)
20-1867245

2. Principal Place of Business	3. Mailing Address	4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> AP-PLIED FOR	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

**SEIF, EVAN D
 2800 PONCE DE LEON BLVD., SUITE 1125
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: SILVERMAN, BARRY STREET ADDRESS: 2800 PONCE DE LEON BLVD STE 1125 CITY-ST-ZIP: CORAL GABLES FL 33134 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing 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: Barry Silverman Barry J Silverman MD 4/15/05 305-205-0026
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #