


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040774**  
 1. Entity Name  
**ZRA, LLC**



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



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt. #, etc

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-1867245**      (Not Applicable)

5. Certificate of Status Desired      \$5.00 Additional Fee Required

1st MOORE      CR2E083 (10/05)

**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      **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      Signature, typed or printed name of registered agent and title if applicable      (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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	SILVERMAN, BARRY	2800 PONCE DE LEON BLVD STE 1125	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Add
			U00000492860	<input type="checkbox"/>	<input type="checkbox"/>
			04/19/06-80081-016 50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barry Silverman*      *Mar*      *3/27/06*      *305-705-0026*