

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 022 ****50.00

DOCUMENT # L03000049496

1. Entity Name
ZUSAMMEN, LLC



Principal Place of Business
**2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
MIAMI, FL 33180 US**

Mailing Address
**2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
MIAMI, FL 33180 US**

20068124



09012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0445022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
MIAMI, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITCHON, MAURICE 2450 NE MIAMI GARDENS DRIVE, 2ND FL MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LECHTER, MORDEHAI 2450 NE MIAMI GARDENS DRIVE, 2ND FL MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MAURICE PITCHON

Date

Daytime Phone #

09/06/2005