

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060988

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: OUTRIGHT MANAGEMENT LLC

## Current Principal Place of Business:

3850 HOLLYWOOD BLVD  
402  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

3850 HOLLYWOOD BLVD  
402  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 20-1553101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, JOSHUA ESQ  
1640 S. STATE ROAD 7  
200  
HOLLYWOOD, FL 33023 US

## Name and Address of New Registered Agent:

COHEN, MIRONA  
3850 HOLLYWOOD BLVD  
402  
HOLLYWOOD, FL 33021 US

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: MIRONA COHEN

04/01/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MIRONA, COHEN  
Address: 3850 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MIRONA, COHEN  
Address: 3850 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Change (X) Addition  
Name: ZR GROUP INC,  
Address: 10961 NW 6 CT  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIRONA COHEN

MGRM

04/01/2005

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