2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # L05000006804** 04-28-2006 90124 001 ***650.00 1. Entity Name D.C.P.,LLC Principal Place of Business Mailing Address 1150 NORTHWEST 72ND AVENUE 1150 NORTHWEST 72ND AVENUE 620 MIAMI, FL 33126 MIAML FL 33126 US Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number. Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Re istered Agent 0 PEREZ. JOSEPH H Street Address (P.O. Box Number is Not Acceptable 1150 NORTHWEST 72ND AVENUE 620 MIAMI, FL 33126 6. 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM ☐ Addition Change TITLE THE Holdings, NAME ZEREP HOLDINGS, LLC NAME 41 SAV STREET ADDRESS 1150 NORTHWEST 72ND AVENUE, STE. 620 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P ☐ Change ☐ Addition TITLE ☐ Delcte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition ☐ Delete TITLE Change IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.