


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90123 001 ***550.00

30006449

DOCUMENT # L05000060053	
1. Entity Name 2665, LLC	

Principal Place of Business 7270 NW 12TH STREET SUITE 100 MIAMI, FL 33126 US	Mailing Address 7270 NW 12TH STREET SUITE 100 MIAMI, FL 33126 US
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2. Principal Place of Business 13794 N.W. 4 St. Suite, Apt. #, etc. Suite 200 City & State Sunrise, FL Zip 33325 Country USA	3. Mailing Address 13794 N.W. 4 St. Suite, Apt. #, etc. Suite 200 City & State Sunrise, FL Zip 33325 Country USA
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04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3010214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 7270 NW 12TH STREET SUITE 100 MIAMI, FL 33126

7. Name and Address of New Registered Agent Name Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 13794 N.W. 4 St., Ste. 200 City Sunrise FL Zip Code 33325

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 re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZERP HOLDINGS, LLC 7270 NW 12TH STREET, SUITE 100 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Montero, Michael T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13794 N.W. 4 St., Ste 200 Sunrise, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perez, Joseph H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13794 N.W. 4 St., Ste. 200 Sunrise, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Michael T. Montero (Manager) 4/26/06 954-837-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #