2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 05, 2007 8:00 am Secretary of State

DOCUMENT # L06000054584 1. Entity Name EZURGY GAP GROUP, LLC.					04-05-2007	90025 002 ****5	50.00
Principal Place of Business Mailing Address 9026 SOUTHWEST 160TH TERRACE 9026 SOUTHWEST 160TH TERRACE MIAMI, FL 33157 MIAMI, FL 33157				11001010			ITE? I/I INTI
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb	393402	9 No	oplied For at Applicable
Zip	Country		Country	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and	d Address of New R	egistered Agent	_
epicoci i	PUTDEDA DA		Name				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR		Street Address (ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)		
MIAMI, FL							
			City			FL Zip Cod	e
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 again: a	nd title if applicable. (NOTE: Re	egistered Agent signature re	cuired when reinstating)		DATE	
	agrant, typed or private and or regulation of agrant						
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FI Di	lling Fee is \$50.00 ue by May 1, 2007	چ' <u>و</u> ر				e check payable to Department of State	0
FI D	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI	3/25	10.			Department of State	
9. TITLE	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI	3/25	TITLE		Florida	Department of State	● Addition
9. TITLE NAME	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI MGR LOYNAZ, ERNESTO T	RS/MANAGERS Delete	TITLE NAME		Florida	Department of State	
9. TITLE	MANAGING MEMBEI MGR LOYNAZ, ERNESTO T 9026 SOUTHWEST 160TH TERF	RS/MANAGERS Delete	TITLE		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI MGR LOYNAZ, ERNESTO T	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of State CHANGES Change	Addition
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indicated on this report is professor 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305 255 1431