| 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT | | | | 1/ | ^{1/} Feb 12, 2007 8:00 an Secretary of State | | |
|---|--|--|---|--|--|---|----------------------|
| 1. Entity Name | MENT # L0600009 | | | | | | 00 |
| Principal Place 7132 SW 47 MIAMI, FL 33 | STREET) 4679 SW 72 | Mailing Address Aut 132 SW 47 STREET) MIAMI, FL 33155 | ປເວຊ SW 7ƏA ຮ | | 30000457 | 829) 81194 (1114 (2010 1205) (11 cbo) | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | |
| Suite, Apl. | e, etc. | Suite, Apl. #, etc. | | 01032007 | Chg-LLC CF | 22E083 (12/06) | |
| City & State | 9 | City & State | | 4. FEI Numb | 1796463 | 463 Applied For | |
| Zip | Country | 2ip | Country | _ <u>_</u> | ol Status Desired | £5.00 | 7 |
| | 6. Name and Address of Curren | nt Registered Agant | Name | 7. Name and | Address of New Registe | red Agent | 7 |
| PALMER, PAUL ESQ. 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | City | | FL Zip Code | { |
| the obligat | named antity submits this statement ions of registered agent. Signature, typec or prived name of regenered age | | s registered office or regis E Repetered Agent spreture req. | | D | ATE | 90X |
| the obligat SIGNATURE . | ions of registered agent. | | | | Make che | | Add |
| the obligat SIGNATURE . Fi Di 9. | ions of registered agent. Signature, types or privide name of regelered age Illing Fice is \$50.00 we by May 1, 2007 MANAGING MEMI | ns and Merif approache (NOT | E Registered Agent signature req. | | Make che | are ck payable to eroment of State IGES | |
| the obligat SIGNATURE . Fi D: 9. TinLE | ions of registered agent. Signature, typed or primed name of received age Illing Fee Is \$50.00 We by May 1, 2007 | H and Me if applicable (NOT | E Registered Agent signature req. | | Make che Florida Dep | ate ck payable to arbnent of State | |
| Ine obligat SIGNATURE . FI DI 9. TITLE NUME STREET ADDRESS | ions of registered agent. Egnature, types or primes name of regenered age Illing Fee Is \$50.00 WANAGING MEMI MGRM ZEDAN, BORIS (7132 SW 47 STREET) 4479 MIAMI, FL 33155 MGRM ZEDAN EGT HDDO | H and Me if applicable (NOT | E Regelation Agent agreeture req. 10. fitLE NAME STREE ADDRESS | | Make che Florida Dep | are ck payable to eroment of State IGES | tion |
| Ine obligat SIGNATURE , FI DI 9. TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS | Sentors of registered agent. Sentors, incode or primed name of regenered agent iling Fee is \$50.00 we by May 1, 2007 MANAGING MEMI AGRM ZEDAN, BORIS (7132 SW 47 STREET) 4479 MIAMI, FL 33155 MGRM ZEDAN, ESTUARDO (7132 SW 47 STREET) 46 | BERS/MANAGERS Detrie Sw 72 Are Detrie 74 Sw 72 Are Detrie | E Registered Agent agniture req. 10. HTLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE | | Make che Florida Dep | ATE ck payable to arbment of State IGES Change Adda Adda | tion |
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ATTACHMENT

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IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

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> Z F CAPITAL FUNDING GROUP LLC BORIS ZEDAN MBR 7132 SW 47TH ST MIAMI FL 33155

Date of this notice: 10-23-2006

Employer Identification Number: 06-1796463

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 06-1796463. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtined from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

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