

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104784

Entity Name: Z & M CALUSA CENTER, LLC

FILED  
Feb 01, 2008  
Secretary of State

## Current Principal Place of Business:

9550 BAY HARBOR TERRACE, SUITE 209  
BAY HARBOR ISLANDS, FL 33154

## Current Mailing Address:

9550 BAY HARBOR TERRACE, SUITE 209  
BAY HARBOR ISLANDS, FL 33154

## New Principal Place of Business:

1111 KANE CONCOURSE  
SUITE # 517  
BAY HARBOR ISLANDS, FL 33154

## New Mailing Address:

1111 KANE CONCOURSE  
SUITE # 517  
BAY HARBOR ISLANDS, FL 33154

FEI Number: 20-8065474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERELIS, ALLAN  
9550 BAY HARBOR TERRACE, SUITE 209  
BAY HARBOR ISLANDS, FL 33154 US

## Name and Address of New Registered Agent:

PERELIS, ALLAN  
1111 KANE CONCOURSE  
SUITE # 517  
BAY HARBOR ISLANDS, FL 33154 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:

02/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BETESH, ISAAC  
Address: 425 MADISON AVE.  
City-St-Zip: NEW YORK CITY, NY 10025

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BETESH, ISAAC  
Address: 19667 TURNBERRY WAY # 22-C  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ISAAC BETESH

MGRM

02/01/2008

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