

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90079 005 \*\*\*138.75

**DOCUMENT # L07000051384**

1. Entity Name  
ZUAREE OF PEMBROKE PINES, LLC



Principal Place of Business Mailing Address  
~~7535 NORTH KENDALL DR #1720~~ ~~7535 NORTH KENDALL DR #1720~~  
~~MIAMI, FL 33231~~ ~~MIAMI, FL 33231~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
2101 BRICKELL AVE. PO BOX: 310836  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE: 805

City & State City & State  
MIAMI, FL MIAMI, FL

Zip Country Zip Country  
33129 USA 33231 USA

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
14-1998154 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SEBA, JOHN  
7535 NORTH KENDALL DR #1720  
MIAMI, FL 33231

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2101 BRICKELL AVE.  
SUITE: 805  
City MIAMI FL Zip Code 33129

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SEBA, JOHN  
STREET ADDRESS 7535 NORTH KENDALL DR #1720  
CITY-ST-ZIP MIAMI, FL 33231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2101 BRICKELL AVE, SUITE: 805  
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*

John SEBA

01/08/08

(305) 321-5447