


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000069760 1. Entity Name 575 COMPANY, LLC	
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Principal Place of Business 6500 S.W. 14TH STREET MIAMI, FL 33144	Mailing Address 6500 S.W. 14TH STREET MIAMI, FL 33144
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02282007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4357127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LISANDRO MEDINA
 6400 S.W. 14TH STREET
 MIAMI, FL 33144

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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

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, LISANDRO 6500 S.W. 14TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, GERSON 6500 S.W. 14TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, ARIS 6500 S.W. 14TH STREET MIAMI, FL 33144
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 04/17/07-80053-009 50.00

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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, OR AUTHORIZED REPRESENTATIVE

Date: 3/26/07 _____ Daytime Phone # _____