

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014184

1. Entity Name
5202 LLC



Principal Place of Business
14500 SW 77TH STREET
MIAMI, FL 33183-2967

Mailing Address
14500 SW 77TH STREET
MIAMI, FL 33183-2967

FILED
Mar 11, 2004 08:00 AM
Secretary of State



03082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

THOMPSON, MARGARET C
14500 SW 77TH STREET
MIAMI, FL 33183-2967

**DO NOT WRITE
IN THIS SPACE**

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMPSON, MARGARET C
14500 SW 77TH ST
MIAMI, FL 331832967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THOMPSON, BRYSON H
14500 SW 77TH ST
MIAMI, FL 331832967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD0000085585
03/11/04-80053-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MARGARET C. THOMPSON

8 MARCH 2004 305-382-2193

Date

Daytime Phone #