2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L02000014184

1. Entity Name
5202 LLC

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

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000652748
03/12/07-80030-022 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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: Margaret C Thompson MARGARET C. THOMPSON 23 FEB 07 305-382-2193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #