

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-07-2008 90090 036 ***143.75

DOCUMENT # L07000003033	
1. Entity Name ARA 5700, LLC	

Principal Place of Business C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131	Mailing Address C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131
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2. Principal Place of Business - No P.O. Box # 1320 S. DIXIE HIGHWAY	3. Mailing Address 1320 S. DIXIE HIGHWAY
Suite, Apt. #, etc. SUITE 241	Suite, Apt. #, etc. SUITE 241
City & State CORAL GABLES, FL.	City & State CORAL GABLES, FL.
Zip 33146	Zip 33146
Country USA	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 26-2137941	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131	7. Name and Address of New Registered Agent Name - WARREN BRYER Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HIGHWAY SUITE 241 City CORAL GABLES FL 33146
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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 *Warren Bryer* DATE **01/24/2008**

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ABRAHAM, ANTHONY R. ☐ Change ☒ Addition 1320 S. DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Anthony R. Abraham* DATE **01/31/2008** TELEPHONE **305-665-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANTHONY R. ABRAHAM