

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014184

1. Entity Name  
5202 LLC



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

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

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



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

TITLE: MGR M  
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: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

U00000085585  
03/11/04-80053-013 50.00

**DO NOT WRITE  
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)(f), 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 #