2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000069748

1. Entity Name
5727 COMPANY, LLC

Principal Place of Business
6500 S.W. 14TH STREET
MIAMI, FL 33144

Mailing Address
6500 S.W. 14TH STREET
MIAMI, FL 33144

02282007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4357378 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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	MGR
NAME	MEDINA, LISANDRO
STREET ADDRESS	6500 S.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR
NAME	MEDINA, GERSON
STREET ADDRESS	6500 S.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR
NAME	MEDINA, ARIS
STREET ADDRESS	6500 S.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80105-011 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: _____ 3/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #