2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L06000041303 1. Entity Name 4937 CORNER INVESTMENTS, L.L.C.					0363 013 ****55	5.00
Principal Place of Business	Mailing Address		-	5189		
6457 S.W. 10 STREET MIAMI, FL 33144	6457 S.W. 10 STREET MIAMI, FL 33144		4000	10100	•	
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2. Principal Place of Business - No P.O. Box # 4937 SW 74 COUR!		y Count				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04072007	Chg-LLC	CR2E083 (12/06)	
City & State MiAm: 1	City & State Miam.	V .	4. FEI Numb	er 87-07	'/ / / / / 	plied For t Applicable
Zip 33155 Country USA		Country USA		of Status Desired	S5.00 Add Fee Required	
6. Name and Address of Current Registered Agent		Name	7. Name and	I Address of New Re	gistered Agent	-
RODRIGUEZ, ERNESTO 6457 S.W. 10 STREET			Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33144						
		City			FI Zip Code	9
8. The above named entity submits this statemer	of for the purpose of changing its re	raistered office or real	stered agent, or bo	oth in the State of Flor		and accept
the obligations of registered agent	2	gistered office of regi	stered agent, or be	MI, MI THO OLDER OF THO	A -	and accept
SIGNATURE Signature, typed or Brinted name bi registered a	gent and title if applicable (NOTE R	Registered Agent signature req	ured when reinstating)	···	4)12/07 DATE	
Filing Fee is \$50.00 Due by May 1, 2007					check payable to Department of State	1
9. MANAGING MEN	MBERS/MANAGERS	10.		ADDITIONS/	CHANGES	
MGR NAME RODRIGUEZ, ERNESTO	Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS 6457 S.W. 10 STREET						
CITY-ST-ZIP MIAMI, FL 33144						
TITLE						
		TITLE			☐ Change	Addition
NAME CTREET ADDRESS	☐ Delete	NAME			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				☐ Change	☐ Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/07 Date

Davime Phone #