

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065788

Entity Name: 5307 INVESTMENTS, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

6619 SOUTH DIXIE HIGHWAY, #254
MIAMI, FL 33143

New Principal Place of Business:

5307 NORTH WEST 7TH STREET
MIAMI, FL 33126

Current Mailing Address:

6619 SOUTH DIXIE HIGHWAY, #254
MIAMI, FL 33143

New Mailing Address:

974 NAUTILUS ISLE
DANIA BEACH, FL 33004

FEI Number: 20-5134877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENRIQUEZ, MANUEL
6619 SOUTH DIXIE HIGHWAY, #254
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

RUIZ, WILLIAM
974 NAUTILUS ISLE
DANIA BEACH, FL 33004 US

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.

SIGNATURE: WILLIAM RUIZ

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ENRIQUEZ, MANUEL
Address: 6619 SOUTH DIXIE HIGHWAY, #254
City-St-Zip: MIAMI, FL 33143

Title: MGRM (X) Delete
Name: RUIZ, WILLIAM
Address: 6619 SOUTH DIXIE HIGHWAY, #254
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUIZ, WILLIAM
Address: 974 NAUTILUS ISLE
City-St-Zip: DANIA BEACH, FL 33004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM RUIZ

MGRM

03/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date