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

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90085 016 ***143.75

DOCUMENT # L07000116075

1. Entity Name

ARA 7300, LLC

Principal Place of Business	Mailing Address
C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVE., SUITE 2950 MIAMI FL 33131	C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVE., SUITE 2950 MIAMI FL 33131

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1320 S. DIXIE HIGHWAY	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 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 26-2154768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, ELLEN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. THIRD AVE., SUITE 2950
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Warren Bryan
Street Address (P.O. Box Number is Not Acceptable): 1320 South Dixie Highway
Suite 241
City: Coral Gables FL Zip Code: 33146

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 Bryan (signature) — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 3/20/2008

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	Owner-Manager Anthony R. Abraham 1320 So. Dixie Highway, STE 241 Coral Gables FL 33146 ☐ 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
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

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 (signature) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 3-12-08 Daytime Phone #: 305-665-2222