## FILED Mar 10, 2008 8:00 am Secretary of State

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

	741414					02-11-20	008 90134 013	***138./
1. Entity Nam	MENT # L07000123 AYNE 5302, LLC							
Principal Plac	e of Business	Mailing Address		<u> </u>	1			_
169 EAST FLAGLER STREET STE 1620 169 EAST FLAGLER STRE MIAMI, FL 33131 MIAMI, FL 33131				TE 1620		-		
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02072008	Chg-LLC	CR2E083 (12/06	)	
City & Stat	ie.	City & State			4. FEI Numbe	156447	• —→	oplied For
Žip	Country ZIp C		Coun	itry		of Status Desired	\$5.00 Ac	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re		
GLINSKY, MICHAEL 169 EAST FLAGLER STREET STE 1620 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable)				
MIMMU, FL	. 33131						100.50	
				City	·		FL Zip Cox	ie .
a. The above the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing its	registere	ed office or register	ed agent, or both	n, in the State of Flor	ida. I am tamiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature requires	when minuacing)		DATE	
FiLE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.79						check payable to Department of Sta	to
9.	MANAGING MEMBI	ERS/MANAGERS	10.		1	ADDITIONS/0	CHANGES	
TITLE	MGR	☐ Delete	TITLE	· i			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	GLINSKY, MICHAEL 169 EAST FLAGLER STREET S MIAMI, FL 33131	STE 1620		ET ADDRESS - ST-ZIP				
TITLE	MGR	☐ Delete	TITLE	:			Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	GLINSKY, ERIC 169 EAST FLAGLER STREET S MIAMI, FL 33131	TE 1620		ET ADORESS -ST-ZIP				
TITLE .		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY- ST-ZIP" —				ET ADDRESS				
TITLE		Defete	TITLE	·ST-ZIP			☐ Change	Addition
KAME Street adoress			NAMA STRE	E Et address				
CITY-ST-ZIP TITLE		☐ Delete	CITY	-SI-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP		Detete	CHTY- TITLE	-S1-Z-P		····		
MAME STREET ADDRESS		LJ Derie	NAMI	I			☐ Change	Addition
CITY-SI-ZIP	certify that the information supplied with	n this filing does not quality to	r the exe	-ST-ZIP mptions contained i	in Chapter 119, F	lorida Statutes. I fur	ther certify that the info	ormation
indicated limited lia	d on this report is true and accurate and ability company or the receiver or truste	I that my signature shall have e empowered to execute this	report as	i regal effect as if m required by Chapt	nade under oath; ier 608, Florida S	mat I am a managii atides.	ng member or managi	ar of the
SIGNAT	TURE: 2	-			2	- 7-08	305-358	-VV6/-
J. 311171	SIGNATURE AND TYPED OR PRINTED HAME (	OF SIGNING MANAGENT MEMORIA, MA	DOMER, OR	AUTHORIZED REPRESE		Date	Daytime Phone #	. L. WYZ