

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054456

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: T5-1602 LLC

**Current Principal Place of Business:**

4150 LYNN ORA DR.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

4150 LYNN ORA DR.  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 20-5113438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA-LINARES, MANUEL A  
MIAMI CENTER SUITE 1000  
201 S. BISCAYNE BLVD.  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WHITE, JOHN G III  
Address: 801 S. OLIVE AVENUE #238  
City-St-Zip: WEST PALM BEACH, FL 33410

Title: MGR  
Name: PHELPS, CELESTE  
Address: 4150 LYNN ORA DR.  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: WHITE, SHELDON  
Address: 3235 PABLO CREEK WAY  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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: SHELDON WHITE

MGR

02/16/2010

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