2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/17/2008-90162-026-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 12:56

DOCUMENT # L02000002486

1. Entity Name
1538 HENDRICKS AVENUE, LLC

Principal Place of Business	Mailing Address
1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207	1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207

03262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3597092

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CESERY, WILLIAM R JR.
1450-3 SAN MARCO BLVD
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CESERY, WILLIAM R JR
STREET ADDRESS	1450-3 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGR
NAME	~~CESERY, BARBARA H~~ BHC Limited Partnership, LLLP
STREET ADDRESS	1450-3 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MBR
NAME	William R. Cesery, Sr. Exempt Trust #2
STREET ADDRESS	1450 San Marco Blvd.
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

JUN 02 2008
B. Tadlock

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: _____ 4/2/08 904 396-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #