

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L03000016555

1. Entity Name
518 PINE TERRACE, LLC



Principal Place of Business
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

Mailing Address
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-8720803	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

SNED, WILLIAM H JR
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

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

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

000000845268
03/13/08-80032-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNED, WILLIAM H JR 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 334051539
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE 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**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #