2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008
Secretary of State

DOCUMENT# L04000054143

Entity Name: 526 MELROSE, LLC

Current Principal Place of Business:

824 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2632
GAINESVILLE, FL 32602

New Mailing Address:

1712 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

FEI Number: 27-0106250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JENNINGS, MARY
824 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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: MGRM ( ) Delete
Name: MCEACHERN, WILLIAM E
Address: 901 N.W. 8TH AVENUE, C3-0
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM (X) Delete
Name: MELLMAN, RICHARD
Address: 901 N.W. 8TH AVENUE, C3-0
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KRUGMAN-KADI, ALIZA
Address: 1712 OCEAN SHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALIZA KRUGMAN-KADI MGR 09/11/2008

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