


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000088441</b> 1. Entity Name 1510 HENDRICKS AVENUE, LLC	
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Principal Place of Business 1450-3 SAN MARCO BOULEVARD JACKSONVILLE, FL 32207	Mailing Address 1450-3 SAN MARCO BOULEVARD JACKSONVILLE, FL 32207
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04022008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1972501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BRANT, ABRAHAM, REITER, MCCORMICK & GREENE 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202
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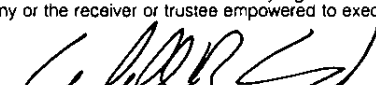
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

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

1100000891750  
04/23/08-86037-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CESERY, BARBARA H 1450-3 SAN MARCO BLVD JACKSONVILLE, FL 32207
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4/7/08 Date	904.386.9601 Daytime Phone #