2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000009409

Entity Name: 2502, LLC

Current Principal Place of Business:

2681 SW 103RD ST.
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOXC 358080
GAINESVILLE, FL 326358080

New Mailing Address:

PO BOX 358080
GAINESVILLE, FL 326358080

FEI Number: 20-3991634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUTENBERG, BARRY B
5818 NW 72ND ST.
GAINESVILLE, FL 32653 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:	BARRY RUTENBERG & AS, SOCIATES, INC.	
Address:	2681 SW 103RD ST.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGR	(X) Delete
Name:	TOMMY WATERS CUSTOM, HOMES, INC.	
Address:	5225 SW 91 ST TERR	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	MGR	( ) Delete
Name:	WILDE, DOUG R	
Address:	9304 SW 32ND PLACE	
City-St-Zip:	GAINESVILLE, FL 32608	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY B. RUTENBERG MGRM 04/27/2006

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