

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000009409

Entity Name: 2502, LLC

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

100 SW 75TH STREET  
SUITE 107  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 358080  
GAINESVILLE, FL 326358080

**New Mailing Address:**

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 & ASSOCIATES, INC.  
Address: 2681 SW 103RD ST.  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR ( ) Delete  
Name: JEFFREY M. WILDE BUILDER, INC.  
Address: PO BOX 13421  
City-St-Zip: GAINESVILLE, FL 32604

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARRY RUTENBERG & ASSOCIATES, INC.  
Address: PO BOX 358080  
City-St-Zip: GAINESVILLE, FL 32635

Title: MGR (X) Change ( ) Addition  
Name: DOUG R. WILDE  
Address: PO BOX 13421  
City-St-Zip: GAINESVILLE, FL 32604

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: BARRY B. RUTENBERG

MGRM

06/16/2009

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