2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000050315

1. Entity Name
1521 OSCEOLA, LLC

Principal Place of Business	Mailing Address
2815 CORINTHIAN AVE. JACKSONVILLE, FL 32210	1314 ELSINORE AVE MCLEAN, VA 22102

DO NOT WRITE IN THIS SPACE

02262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2967556
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OVLAN, KAROLYN
2815 CORINTHIAN AVE.
JACKSONVILLE, FL 32210

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

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

000000902121
04/29/08-80095-024 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCGINLEY, PATRICIA
STREET ADDRESS	1314 ELSINORE AVE
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	MGR
NAME	OVIAN, KAROLYN
STREET ADDRESS	2815 CORINTHIAN AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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: Patricia McGinley 4/15/08 7034427579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #