

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90012 017 \*\*\*138.75

**DOCUMENT # L05000066160**

1. Entity Name  
**516 JACKSON STREET, LLC**



Principal Place of Business  
**1208 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806  
US**

Mailing Address  
**P.O. BOX 533651  
ORLANDO FL 32806  
US**



2. Principal Place of Business - No P.O. Box #  
**TIMOTHY W EXNER**  
Suite, Apt. #, etc.  
**1208 LK WILLISARA CR**  
City & State  
**ORLANDO FL**  
Zip  
**32806** Country  
**USA**

3. Mailing Address  
**PO BOX 533651**  
Suite, Apt. #, etc.  
**ORLANDO**  
City & State  
**FL**  
Zip  
**32853** Country  
**USA**

1st MOORE CR2E083 (10/07)

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

4. FEI Number **20-3095799**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**TIMOTHY, EXNER W  
1208 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box numbers not acceptable)  
City **FL**

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 **Timothy W Exner** **TIMOTHY W EXNER** **MANAGER** **04-26-08**  
(NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM EXNER, TIMOTHY W 1208 LAKE WILLISARA ORLANDO FL 32806</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TUSCAN, ERIC 123 WOODVILLE AVENUE GREENVILLE SC 29607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60B, Florida Statutes.

**SIGNATURE:** **Timothy W Exner** **Timothy W Exner** **04-26-08** **407-421-9226**  
PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE