


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90020 031 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L05000075414 1. Entity Name 516 WESTON, LLC | | | |  | |
| Principal Place of Business 516 WESTON PL DEBARY, FL 32713 | | | Mailing Address 516 WESTON PL DEBARY, FL 32713 | | |
| 2. Principal Place of Business | | 3. Mailing Address 2425 So. Atlantic Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. # 1907 | | | |
| City & State | | City & State Daytona Beach, FL | | | |
| Zip 32118 | Country USA | 4. FEI Number 59-0934591 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HAMRICK, ALEX H ESQ 1000 LEGION PLACE, STE. 1700 ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name Richardson, Mary Ann Street Address (P.O. Box Number is Not Acceptable) 2425 So. Atlantic Ave #1907 City Daytona Beach FL Zip Code 32118 | | |
| 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 <u>Mary Ann Richardson</u> (Mary Ann Richardson) DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Richardson, Mary Ann 2425 So Atlantic Ave #1907 Daytona Beach, FL 32118 <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 | VP Richardson W.A. 982 Lower Brownsville Rd Jackson, TN 38301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Richardson, Leanne 982 Lower Brownsville Rd Jackson, TN 38301 <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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| 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: Mary Ann Richardson (Mary Ann Richardson) 4/24/06 (386) 252-9083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |