


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000075414</b>	
1. Entity Name 516 WESTON, LLC	

Principal Place of Business 516 WESTON PL DEBARY, FL 32713	Mailing Address 2425 S. ATLANTIC AVENUE #1907 DAYTONA BEACH, FL 32118
--	--

DO NOT WRITE IN THIS SPACE



03282007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 59-0934591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RICHARDSON, MARY ANN  
 2425 S. ATLANTIC AVENUE, #1907  
 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

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)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000719267  
 05/01/07-80056-025 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MARY ANN 2425 S ATLEDUTIE AVE #1907 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, W.A. 982 LOWER BROUNSVILLE RD JACKSON, TN 38301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, LEANNE 982 LOWER BROUNSVILLE RD JACKSON, TN 38301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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*      4/18/07      386-252-9083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #