

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

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90005 035 \*\*\*138.75

DOCUMENT # L05000075414			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICHARDSON, MARY ANN 2425 S. ATLANTIC AVENUE, #1907 DAYTONA BEACH FL 32118		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, MARY ANN		NAME	
STREET ADDRESS 2425 S ATLEDUTIE AVE #1907		STREET ADDRESS	
CITY - ST - ZIP DAYTONA BEACH FL 32118		CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, W.A.		NAME	
STREET ADDRESS 982 LOWER BROUNSVILLE RD		STREET ADDRESS	
CITY - ST - ZIP JACKSON TN 38301		CITY - ST - ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, LEANNE		NAME	
STREET ADDRESS 982 LOWER BROUNSVILLE RD		STREET ADDRESS	
CITY - ST - ZIP JACKSON TN 38301		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 608, Florida Statutes.

SIGNATURE: Mary Ann Richardson 4/18/08 386-252-9083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #