

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080370

Entity Name: 513, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

1606 DALE ST.
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

109 RED MAPLE CT.
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

P.O. BOX 20984
TALLAHASSEE, FL 32316 US

New Mailing Address:

109 RED MAPLE CT.
SANTA ROSA BEACH, FL 32459 US

FEI Number: 34-2053955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYLE, KEVIN M
1606 DALE ST.
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

NORMAND, DORIAN T
109 RED MAPLE CT.
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: DORIAN NORMAND

01/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOYLE, KEVIN M
Address: 1606 DALE ST.
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: MGR () Delete
Name: NORMAND, DORIAN T
Address: 789 TIMBERWOOD CIR. E.
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOYLE, KEVIN M
Address: 109 RED MAPLE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR (X) Change () Addition
Name: NORMAND, DORIAN T
Address: 109 RED MAPLE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR () Change (X) Addition
Name: SCOTT, MATTHEW B
Address: 109 RED MAPLE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DORIAN NORMAND

MGR

01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date