2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000094633

FILED Apr 29, 2008 08:00 AN Secretary of State

Fee Required

Principal Place of Business

512 CANAL, LLC

500 N. OLEANDER AVE. DAYTONA BEACH, FL 32118 Mailing Address

500 N. OLEANDER AVE. DAYTONA BEACH, FL 32118



DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC CR2E083 (12/07)

4. FE! Number	T	Applied For
55-0906333		Not Applicable
5 Contingete of Statue Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

BALLARD, GARY L 500 N OLEANDER AVE. DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

8. The above the obligat	anned entity submits this statement for the purpose of challions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida - Lam familiar with, and accept
SIGNATURE Signature, typod or printed name of registered agent and rate it applicable (NOTE: Registered		(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TOTLE	MGR		
MAIAE	BALLARD, GARY L		
STREET AUDRESS	500 N. OLEANDER AVENUE		U00000932761
CITY-SI-ZIP	DAYTONA BEACH, FL 32118	i i	05/22/08-80067-019 138.75
THE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP	}	1	
TITLE			
NAME			
STREET ADDRESS		1 50	NOT MOITE
CITY ST ZIP		סט ן	NOT WRITE
TITLE			
NAME		I IN	THIS SPACE
STREET AUDRESS			•
City-SI-7iP			

11. I hereby certify that the information supplied with trisfilling 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

STREET ADDRESS Citty-SI-ZiP THE HAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE