

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108831

FILED
Sep 14, 2007
Secretary of State

Entity Name: 1816 EAST 15TH AVE, LLC

Current Principal Place of Business:

5122 31ST AVE S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5122 31ST AVE S
GULFPORT, FL 33707

New Mailing Address:

2435 CENTRAL AVE
ST. PETERSBURG, FL 33713

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDERS, ANDRE K
5122 31ST AVE S
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAVRE, GLENN
Address: 797 MORELAND AVE SE
City-St-Zip: ATLANTA, GA 30316 US

Title: MGR () Delete
Name: STOKES, JOHN
Address: 797 MORELAND AVE SE
City-St-Zip: ATLANTA, GA 30316

Title: MGR () Delete
Name: BENNETT, ALLEN
Address: 797 MORELAND AVE SE
City-St-Zip: ATLANTA, GA 30316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GLENN FAVRE

MGR

09/14/2007

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