

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054456

FILED
Mar 25, 2009
Secretary of State

Entity Name: T5-1602 LLC

Current Principal Place of Business:

4150 LYNN ORA DR.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4150 LYNN ORA DR.
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 20-5113438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-LINARES, MANUEL A
MIAMI CENTER SUITE 1000
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 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: WHITE, JOHN G III
Address: 801 S. OLIVE AVENUE #238
City-St-Zip: WEST PALM BEACH, FL 33410

Title: MGR () Delete
Name: PHELPS, CELESTE
Address: 4150 LYNN ORA DR.
City-St-Zip: PENSACOLA, FL 32504

Title: MGR () Delete
Name: SHITE, SHELDON
Address: 3235 PABLO CREEK WAY
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: WHITE, SHELDON
Address: 3235 PABLO CREEK WAY
City-St-Zip: TALLAHASSEE, FL 32312

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: SHELDON WHITE

MGR

03/25/2009

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