

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041154

FILED
May 01, 2008
Secretary of State

Entity Name: 752, LLC

Current Principal Place of Business:

8225 BAY TREE LANE
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8225 BAY TREE LANE
JACKSONVILLE, FL 32256 US

New Mailing Address:

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:

WELLER, JAMES
10325 CYPRESS LAKES DR
JACKSONVILLE, FL 32256 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: MGRM () Delete
Name: DAECHSEL, PETER
Address: 10205 VINEYARD LAKE RD. E
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM () Delete
Name: WELLER, JAMES
Address: 10325 CYPRESS LAKES DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM () Delete
Name: LABERGE, SYLVIE
Address: 8240 CHESTER LAKE RD. N
City-St-Zip: JACKSONVILLE, FL 32256 FL

Title: MGRM () Delete
Name: DEVINE, LYNDA
Address: 8225 BAYTREE LANE
City-St-Zip: JACKSONVILLE, FL 32256 US

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:

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: LYNDA DEVINE

MRS.

05/01/2008

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