

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90116 025 ***138.75

DOCUMENT # L07000104957	
1. Entity Name 5280 MANNING CEMETERY ROAD, LLC	

Principal Place of Business 345 BLAGDON COURT JACKSONVILLE FL 32225	Mailing Address 345 BLAGDON COURT JACKSONVILLE FL 32225
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2. Principal Place of Business - No P.O. Box # 5280 MANNING Cemetery RD.	3. Mailing Address 345 BLAGDON CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

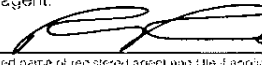
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32234	Zip 32225
Country DUVAL	Country DUVAL

4. FEI Number 262107949	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERA, RAMON A 345 BLAGDON COURT JACKSONVILLE FL 32225	
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7. Name and Address of New Registered Agent	
Name RAMON RIVERA	
Street Address (P.O. Box Number is Not Acceptable) 345 BLAGDON CT	
City Jacksonville	FL Zip Code 32225

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-2-8**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERA, RAMON A 345 BLAGDON COURT JACKSONVILLE FL 32225 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #