## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE AND TYPED OR RRINT

## · FILED Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # L02000034060** 1. Entity Name **NENA MESA 10TH LLC** Principal Place of Business Mailing Address 6542 HYPOLUNO FOAD, #284 6542 HMPQLUXOFOAD, #284 LAKE WORTH FL 33467 LAKE VORTH FL 33467 04152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0586413 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPOTE, BEATRIZ M ESQ DO NOT WRITE 799 BRICKELL PLAZA, STE. 700 MIAMI, FL 33131 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME FURSTEIN, MARC K STREET ADDRESS 6542 HYPOLUXO ROAD, #284 CITY-ST-ZIP LAKE WORTH, FL 33467 UQQQQ033**73**00 TITLE '27705-80163-003 SH.OD NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 according to the empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: