

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071094

FILED  
May 02, 2005  
Secretary of State

Entity Name: 10 DIGITS, LLC

**Current Principal Place of Business:**

320 HIGHWAY 98, #505  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

320 HIGHWAY 98, #505  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 20-1708795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

**Name and Address of New Registered Agent:**

MCINNIS, C. JEFFREY  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547      US

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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: CHEN, LEO C  
Address: 320 HIGHWAY 98, #505  
City-St-Zip: DESTIN, FL 32541

Title: MGRM      ( ) Delete  
Name: LIN, HO  
Address: 50 WISTERIA WAY  
City-St-Zip: NEWMAN, GA 30265

**ADDITIONS/CHANGES:**

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 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 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: LEO CHEN

MGRM

05/02/2005

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