

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071094

Entity Name: 10 DIGITS, LLC

FILED  
May 09, 2007  
Secretary of State

**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:**

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

MGRM

05/09/2007

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