


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90066 039 ****50.00

DOCUMENT # M06000002334
 1. Entity Name
 D10-FALCON, LLC



Principal Place of Business
 2060 S PATRICK DRIVE
 INDIAN HARBOUR BEACH, FL 32937

Mailing Address
 2060 S PATRICK DRIVE
 INDIAN HARBOUR BEACH, FL 32937

2. Principal Place of Business - No P.O. Box #
 7640 N. Wickham Road
 Suite, Apt. #, etc.
 Suite 101-B

3. Mailing Address
 Post Office Box 410999
 Suite, Apt. #, etc.

City & State
 Melbourne, FL


City & State
 Melbourne, FL

Zip
 32940

Country
 US

Zip
 32941

Country
 US



07112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-4660379

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GATTI, WALTER J
 2060 S PATRICK DRIVE
 INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name
 Myra K. Haley

Street Address (P.O. Box Number is Not Acceptable)
 154 Lansing Island Drive

City
 Indian Harbour Beach FL Zip Code
 32937

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.

08/03/07

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GATTI, WALTER J 2060 S PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Haley, Myra K. Post Office Box 410999 Melbourne, FL 32941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Haley, Myra K. Post Office Box 410999 Melbourne, FL 32941 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Myra K. Haley* Myra K. Haley (321) 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #