2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # M06000006868 · 04-04-2008 90206 001 *2,497.50 1. Entity Name TIC ALTAMONTE SHS 10, LLC Principal Place of Business Mailing Address 6363 WOODWAY, SUITE 110 6363 WOODWAY, SUITE 110 HOUSTON, TX 77057-1714 HOUSTON, TX 77057-1714 02042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-8192778 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD. DO NOT WRITE 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME AUBREY, L.S. & C.R., H&W, AS JNT. TENANTS STREET ADDRESS 16452 MONTE CRISTO DRIVE CITY-ST-ZIP HACIENDA HEIGHTS, CA 91745 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP