


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # M99000001310

1. Entity Name
TGM SERVCO #10 LLC



Principal Place of Business C/O TGM ASSOCIATES L.P. 650 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10019	Mailing Address C/O TGM ASSOCIATES L.P. 650 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10019
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07052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4061752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TGM MANAGEMENT LLC 650 FIFTH AVENUE, 28TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TGM ASSOCIATES L.P. 650 FIFTH AVE., 28TH FLOOR NEW YORK, NY 10019
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07/27/06-90009-003 50.00

DO NOT WRITE IN THIS SPACE

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.

TGM Servco # 10 LLC

SIGNATURE: Veta J. Bills OR AUTHORIZED REPRESENTATIVE 7/24/06 (212) 830-9310

SIGNATURE AND By: Veta Bills, Vice President Date Daytime Phone #