2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L02000022715

Entity Name: 10-2002, LLC

Current Principal Place of Business:

10715 US HWY 19 N
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

10715 US HWY 19 N
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 06-1645440 **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:

TOSCH, JOHN E ESQ
707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236 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: 1099 MANAGEMENT COMP, ANY
Address: 707 SOUTH WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34236

Title: MGR ( ) Delete
Name: SMALL, WILLIAM A
Address: 4587 DEVONSHIRE BLVD
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: REYES, CHARLIE D
Address: 10715 US HWY 19
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES REYES   MGR   07/03/2006

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