

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000909

**Entity Name:** 10630 FIFE AVE LLC

**Current Principal Place of Business:**

8 HILLCREST PARK ROAD  
OLD GREENWICH, CT 06870

**Current Mailing Address:**

8 HILLCREST PARK ROAD  
OLD GREENWICH, CT 06870

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARKETT, BRUCE ESQ.  
756 BEACHLAND BLVD.  
VERO BEACH, FL 32963 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name JOHNSON, JR., H. MICHAEL  
Address 8 HILLCREST PARK ROAD  
City-State-Zip: OLD GREENWICH CT 06870

Title MGRM  
Name JOHNSON, VIRGINIA G  
Address 8 HILLCREST PARK ROAD  
City-State-Zip: OLD GREENWICH CT 06870

Title MGRM  
Name VIRGINIA G. JOHNSON, TRUSTEE OF MILES A JO  
Address 8 HILLCREST PARK ROAD  
City-State-Zip: OLD GREENWICH CT 06870

Title MGRM  
Name VIRGINIA G. JOHNSON, TRUSTEE OF DEVON S. J  
Address 8 HILLCREST PARK ROAD  
City-State-Zip: OLD GREENWICH CT 06870

Title MGRM  
Name VIRGINIA G. JOHNSON, TRUSTEE OF ROBIN V JO  
Address 8 HILLCREST PARK ROAD  
City-State-Zip: OLD GREENWICH CT 06870

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL JOHNSON

**MANAGING MEMBER**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date