2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022686

1. Entity Name SSIG, UD#10, L.L.C.

FILED
May 02, 2008 08:00 A
Secretary of State

Principal Place of Business

100 SW ALBANY AVE.

SUITE 110 STUART, FL 34994 Mailing Address

100 SW ALBANY AVE.

SUITE 110

STUART, FL 34994



 \Box

DO NOT WRITE IN THIS SPACE

04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0640262

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL DEVELOPMENT OF FLORIDA, LLC 100 SW ALBANY AVE. SUITE 110 STUART, FL 34994

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.

Signeture, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000944356 05/29/08-80097-012 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNIVERSAL DEVELOPMENT OF FLORIDA, LLC 100 SW ALBANY AVE., SUITE 110 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 material may 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 received for trustee expression of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4halor

n2 f63-0194

Daytime Phone #