

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Aug 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000004613

1. Entity Name
TEN HOLDINGS, L.L.C.



Principal Place of Business
**5607 GLENCREST BLVD.
TAMPA, FL 33625**

Mailing Address
**5607 GLENCREST BLVD.
TAMPA, FL 33625**



08012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0607967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWE, FREDERICK T
3825 HENDERSON BLVD.
SUITE 605A
TAMPA, FL 33629**

**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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U00000772427
08/20/07-80003-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUMBACH, JOSEPH T 5807 GLENCREST BLVD. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ-FINN, LISA M 1317 SOUTH MOODY AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GNG HOLDINGS, INC. 10406 LAKE CARROLL WAY TAMPA, FL 33618
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 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.

SIGNATURE: _____

Joseph T. Trumbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/17/07

Date

813-244-7797

Daytime Phone #