

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022715

Entity Name: 10-2002, LLC

FILED  
Apr 24, 2007  
Secretary of State

**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 ( )

**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:**

TOSCH, JOHN E ESQ  
50 CENTRAL AVENUE  
SUITE 900  
SARASOTA, FL 34236 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:

04/24/2007

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: 1099 MANAGEMENT COMP, ANY  
Address: 50 CENTRAL AVENUE SUITE 900  
City-St-Zip: SARASOTA, FL 34236

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

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: STEVE HITEMAN

T

04/24/2007

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