

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 032 ****50.00



DOCUMENT # L02000031566

1. Entity Name
EAST 10TH STREET, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
65 Lewis Blvd

3. Mailing Address
65 Lewis Blvd

DO NOT WRITE IN THIS SPACE

City & State
St Augustine FL

City & State
St. Augustine FL

Zip
32084

Country
USA

Zip
32084

Country

4. FEI Number
72-155-4767

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Roy Campbell

Street Address (P.O. Box Number is Not Acceptable)
65 Lewis Blvd

City
St. Augustine

FL

Zip Code
32084

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President/Manager Roy Campbell 65 Lewis Blvd. St. Augustine, FL 32084</i>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date: *3/3/03* Daytime Phone #: *904-827-8520*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)