2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

May 01, 2006 8:00 am Secretary of State DOCUMENT # L02000032244 05-01-2006 90063 037 ****50.00 10TH AVENUE, L.L.C. Principal Place of Business Mailing Address 20040664 1461 KINETIC ROAD 1461 KINETIC ROAD LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number 82-0570899 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHRENS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1461 KINETIC ROAD LAKE PARK, FL 33403 Zip Code 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition AHRENS, RICHARD NAME NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESTES, TOI NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change AHRENS, BARBARA NAME 1461 KINETIC ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE __ Change ☐ Addition NAME FRANDEVCO, LLC NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #