


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033719
 1. Entity Name
 TEN THOUSAND GALLONS, LLC



Principal Place of Business: 1350 NORTH OCEAN BOULEVARD, POMPANO BEACH, FL 33062
 Mailing Address: 1350 NORTH OCEAN BOULEVARD, POMPANO BEACH, FL 33062

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01212005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 14-1871771 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WEISMAN, DAVID
 2021 TYLER STREET
 HOLLYWOOD, FL 33020

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MINKIN, CAROL H
STREET ADDRESS	4405 WOODFIELD BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGR
NAME	MINKIN, JOSHUA
STREET ADDRESS	4405 WOODFIELD BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carol Minkin CAROL MINKIN 1/31/05 954-590-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone #: _____