

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # L03000012574

1. Entity Name
TENTH STREET DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business

417 12TH STREET WEST
SUITE 209
BRADENTON, FL 34205 US

Mailing Address

P.O. BOX 361
BRADENTON, FL 34206 US



02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2117462

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAPES, REED W
417 12TH STREET WEST
SUITE 209
BRADENTON, FL 34205

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000641180
02/28/07-80097-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAPES & MAPES, INC.
STREET ADDRESS	417 12TH STREET WEST SUITE 209
CITY-ST-ZIP	BRADENTON, FL 34205

TITLE	MGR
NAME	WILSON, JEFFREY ELLARD
STREET ADDRESS	1281 GULF OF MEXICO DRIVE, #1006
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

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

Date

Daytime Phone #