


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000005868 1. Entity Name 10TH STREET BED & BREAKFAST, LLC	
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Principal Place of Business 605 10TH STREET PORT ST. JOE, FL 32456 US	Mailing Address 605 10TH STREET PORT ST. JOE, FL 32456 US
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**DO NOT WRITE IN THIS SPACE**



04112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 26-0078938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGIDSON, MEL C JR.  
528 6TH STREET  
PORT ST. JOE, FL 32456

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GINGELL, LORINDA 605 10TH STREET PORT ST. JOE, FL 32456
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05/02/06-80054-014 50.00

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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: *L. Gingell* 4/19/06 8502277955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #