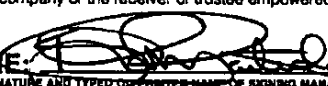


**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90038 048 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000021242</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                      |                                                                                       |         |  |
| 1. Entity Name<br><b>TEN IN THE MIDDLE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       |                                                                                          |  |
| Principal Place of Business<br><b>450-106 STATE ROAD 13 NORTH #124<br/>JACKSONVILLE, FL 32259</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                      | Mailing Address<br><b>450-106 STATE ROAD 13 NORTH #124<br/>JACKSONVILLE, FL 32259</b> |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                      | 3. Mailing Address                                                                    |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                                                      | Suite, Apt. #, etc.                                                                   |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                      | City & State                                                                          |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                 | Zip                                                  | Country                                                                               | 4. FEI Number<br><b>20-0876123</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>PATTERSON, BOND &amp; LATSHAW, P.A.<br/>3010 S THIRD ST<br/>JACKSONVILLE BEACH, FL 32250</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                      |                                                                                       | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       | Name                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       | City                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |                                                      |                                                                                       | FL 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                      |                                                                                       |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         | Make check payable to<br>Florida Department of State |                                                                                       |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                      | 10. ADDITIONS/CHANGES                                                                 |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>PARTRIDGE, KIRK J<br>450-106 STATE ROAD 13 NORTH #124<br>JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>O'BRIEN, KEN J<br>450-106 STATE ROAD 13 NORTH #124<br>JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete    |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>DODD, MIKE T<br>450-106 STATE ROAD 13 NORTH #124<br>JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete      |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                         |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                         |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                         |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                      | KIRK JOHN PARTRIDGE                                                                   |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                      | Date <b>1/10/05</b> Daytime Phone # <b>4359010235</b>                                 |                                                                                          |  |

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