2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L04000021242

Entity Name: TEN IN THE MIDDLE, LLC

Current Principal Place of Business:

450-106 STATE ROAD 13 NORTH #124
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

6300 N. SAGEWOOD DRIVE
H221
PARK CITY, UT 84098

New Mailing Address:

FEI Number: 20-0876123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 S THIRD ST
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PARTRIDGE, KIRK J	
Address:	6300 N SAGEWOOD DRIVE H221	
City-St-Zip:	PARK CITY, UT 84098	
Title:	MGRM	( ) Delete
Name:	O'BRIEN, KEN J	
Address:	450-106 STATE ROAD 13 NORTH #124	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	MGRM	( ) Delete
Name:	DODD, MIKE T	
Address:	450-106 STATE ROAD 13 NORTH #124	
City-St-Zip:	JACKSONVILLE, FL 32259	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 04/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date