

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040041

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: 10.47 L.L.C.

## Current Principal Place of Business:

15260 NW 147TH DR  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

15260 NW 147TH DR  
ALACHUA, FL 32615 US

## New Mailing Address:

FEI Number: 59-3816838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCAULEY, JAMES  
15260 NW 147TH DR  
ALACHUA, FL 32615 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: MCCAULEY, JAMES  
Address: 5416 SW 97TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM ( ) Delete  
Name: THOMPSON, J. DEREK  
Address: 1912 NW 133RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM ( ) Delete  
Name: MCCAULEY, RITA  
Address: 805 EUCLID AVE  
City-St-Zip: ORLANDO, FL 32801 US

## 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: JAMES MCCAULEY

MGRM

04/27/2009

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