

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000045803

1. Entity Name
KCH TAX CERTIFICATES - 10 LLC



Principal Place of Business
8960 BAY COLONY DR #502
NAPLES, FL 34108

Mailing Address
8960 BAY COLONY DR #502
NAPLES, FL 34108

2. Principal Place of Business - No P.O. Box #
9130 Galleria Court

Suite, Apt. #, etc.
Suite 326

3. Mailing Address
P. O. Box 3774

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Mansfield, OH

Zip
34109

Country
US

Zip
44907

Country
US

03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1221532

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURDLE, KATHLEEN
8960 BAY COLONY DR #502
NAPLES, FL 34108

Name
same

Street Address (P.O. Box Number is Not Acceptable)
9130 Galleria Court

Suite 326

City
Naples

FL Zip Code
34109

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HURDLE, KATHLEEN C
STREET ADDRESS 8960 BAY COLONY DR #502
CITY-ST-ZIP NAPLES, FL 34108

Delete

TITLE same
NAME
STREET ADDRESS 9130 Galleria Court, Suite 326
CITY-ST-ZIP Naples, FL 34109

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Kathleen C. Hurdle*

4/10/08

419-7520-8766

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

Date

Daytime Phone #