

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L04000047500

1. Entity Name
TEN COMMANDMENTS OF REAL ESTATE, L.L.C.



Principal Place of Business
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409

Mailing Address
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1729845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINNS, MYLES R
2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
000000725128

**Filing Fee is \$50.00
Due by May 1, 2007**

05/08/07-80028-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MINNS, MYLES R
STREET ADDRESS	2240 PALM BEACH LAKES BLVD., STE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGRM
NAME	MINNS, MICHAEL L
STREET ADDRESS	9119 S. GESSNER, SUITE 1
CITY-ST-ZIP	HOUSTON, TX 77074
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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

Myles Minns 4-24-07

Date

Daytime Phone #