

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90090 025 \*\*\*\*50.00

**DOCUMENT # L04000053434**

1. Entity Name  
**SOUTHEAST TENTH STREET DEVELOPMENT LLC**



Principal Place of Business **1850 SE 17th St.** Mailing Address **1850 SE 17th St.**  
**1080 SE 3RD AVE Suite 300** **1080 SE 3RD AVE Suite 300**  
**FORT LAUDERDALE, FL 33316 US** **FORT LAUDERDALE, FL 33316 US**

**20027526**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**33-1096683**

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

**WRIGHT, PETER**  
**1080 SE 3RD AVE Suite 300**  
**FORT LAUDERDALE, FL 33316**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HUDSON, STEVEN W**  
STREET ADDRESS **1080 SE 3RD AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☒ Change ☐ Addition  
NAME **1850 SE 17th St., Suite 300**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☒ Delete  
NAME **MORRALL, MATTHEW E**  
STREET ADDRESS **2850 N. ANDREWS AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Peter W. Wright**  
STREET ADDRESS **1850 SE 17th St., Suite 300**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

**Steven W. Hudson**

**3/29/05 954-356-5800**

Date

Daytime Phone #