

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061464

Entity Name: IMPACT PROPERTIES X, LLC

FILED
Feb 18, 2008
Secretary of State

Current Principal Place of Business:

7627 COURTNEY CAMPBELL CSWY.
TAMPA, FL 33607

New Principal Place of Business:

4675 SALISBURY ROAD
JACKSONVILLE, FL 32256

Current Mailing Address:

3001 N. ROCKY POINT DRIVE EAST
TAMPA, FL 33607

New Mailing Address:

4675 SALISBURY ROAD
JACKSONVILLE, FL 32256

FEI Number: 20-1530582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANJI, KISH
4675 SALISBURY ROAD
JACKSONVILLE, FL 32256 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: MGR () Delete
Name: KANJI, DILIP
Address: 3001 N. ROCKY POINT DRIVE EAST #390
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: KANJI, KISH
Address: 4675 SALISBURY ROAD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KANJI, DILIP
Address: 3030 N. ROCKY POINT DRIVE W., SUITE 820
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Change () Addition
Name: KISH, KANJI
Address: 4675 SALISBURY ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: KISH KANJI

MGR

02/18/2008

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