

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022204 1. Entity Name NE 10, LLC	
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Principal Place of Business 528 BURGUNDY K DELRAY BEACH, FL 33484 US	Mailing Address 528 BURGUNDY K DELRAY BEACH, FL 33484 US
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01102007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2460273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRVIS, MARK
528 BURGUNDY K
DELRAY BEACH, FL 33484

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00
Due by May 1, 2007

U00000587460
 01/17/07 8:00:00 AM

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIRVIS, MARK 528 BURGUNDY K DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ZHURAVSKY, IGOR 806 TURQUOISE TRAIL MORGANVILLE, NJ 07751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M LUPOLVER, MARK 248 NAVESINK COURT HOLMDEL, NJ 07733
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MAIBERG, ROMAN 98 CUTTER MILL ROAD, STE 486-N GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: MM Mirvis 1/09/07 (618) 891 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #