

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022204

1. Entity Name
NE 10, LLC



Principal Place of Business

528 BURGUNDY K
DELRAY BEACH, FL 33484 US

Mailing Address

528 BURGUNDY K
DELRAY BEACH, FL 33484 US



01102007 No 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 ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRVIS, MARK
528 BURGUNDY K
DELRAY BEACH, FL 33484

**DO NOT WRITE
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

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

U000000587460

01/17/07-80033-011 50.00

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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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:

Mark Mirvis

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

Date

Daytime Phone #

1/09/07 618/891 4600