


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 048 ****50.00

DOCUMENT # L05000035556	
1. Entity Name 112 SE 10TH STREET, LLC	

Principal Place of Business C/O THOMPSON-YOUNGROSS ENGINEERING 112 SE 10TH STREET DELRAY BEACH, FL 33444	Mailing Address C/O THOMPSON-YOUNGROSS ENGINEERING 112 SE 10TH STREET DELRAY BEACH, FL 33444
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2. Principal Place of Business C/O THOMPSON-YOUNGROSS ENG. Suite, Apt. #, etc. 112 SE 10TH STREET City & State DELRAY BEACH, FLORIDA Zip 33483-3426 Country U.S.A.	3. Mailing Address C/O THOMPSON-YOUNGROSS ENGINEERING Suite, Apt. #, etc. 112 SE 10TH STREET City & State DELRAY BEACH, FLORIDA Zip 33483-3426 Country U.S.A.
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03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 54-2177833	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, MATTHEW D 7509 CHICORA COURT LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Matthew D Thompson DATE 3/28/2006
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, MATTHEW D 7501 CHICORA COURT LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, MATTHEW D. 7509 CHICORA COURT LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, DANIEL E 18292 181ST CIRCLE COURT BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, DANIEL E. 18292 181ST CIRCLE SOUTH BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNGROSS, ANDREW 636 WEST DRIVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Matthew D Thompson DATE 3/28/06 DAYTIME PHONE # 5612740200X10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE