

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035556

Entity Name: 112 SE 10TH STREET, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

C/O THOMPSON YOUNGROSS ENG.
112 SE 10TH STREET
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

C/O THOMPSON YOUNGROSS ENG.
112 SE 10TH STREET
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 54-2177833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, MATTHEW D
7509 CHICORA COURT
LAKE WORTH, FL 33467 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: THOMPSON, MATTHEW D
Address: 7509 CHICORA COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: THOMPSON, DANIEL E
Address: 18292 181ST CIRCLE SOUTH
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: YOUNGROSS, ANDREW
Address: 636 WEST DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTHEW D THOMPSON

MGR

01/15/2009

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