


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000059472 1. Entity Name SPRING TIDE INVESTMENTS X, LLC	
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Principal Place of Business 622 BYPASS DRIVE 100 CLEARWATER, FL 33764	Mailing Address 622 BYPASS DRIVE 100 CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3287308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAREY, THOMAS W 622 BYPASS DRIVE SUITE 100 CLEARWATER, FL 33764

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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 _____ (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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAREY, THOMAS W 622 BYPASS DRIVE, SUITE 100 CLEARWATER, FL 33764
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05/23/07-80066-020 50.00

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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	04.30.07 Date	727.799.3900 Daytime Phone #
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