2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083178

1. Entity Name
PHASE 10, L.L.C.

Principal Place of Business	Mailing Address
1301 NINTH AVENUE WEST BRADENTON, FL 34205	1301 NINTH AVENUE WEST BRADENTON, FL 34205

20010341

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 87-0758731 | Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
WESTFALL, DAVID P 1301 NINTH AVENUE WEST BRADENTON, FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2006**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME WESTFALL, DAVID P STREET ADDRESS 1301 NINTH AVENUE WEST CITY-ST-ZIP BRADENTON, FL 34205	☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE MGR NAME ZOLLER, JERRY N STREET ADDRESS 1301 NINTH AVENUE WEST CITY-ST-ZIP BRADENTON, FL 34205	☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME WILLIAM J STEWART STREET ADDRESS 1301 NINTH AVENUE WEST CITY-ST-ZIP BRADENTON, FL 34205	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _David Westfall_   DAVID WESTFALL   2-20-06   941-748-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #