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Apr 21, 2006 8:00 am
Secretary of State
03-31-2006 90182 043 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000117711

1. Entity Name
510 PROJECT, LLC

30005665

Principal Place of Business	Mailing Address
966A BEACHLAND BLVD. VERO BEACH, FL 32963	966A BEACHLAND BLVD. VERO BEACH, FL 32963

02202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3055 CARDINAL DR.	3055 CARDINAL DR.
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32963 Country:	Zip: 32963 Country:

4. FEI Number 20-4394939 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. 150 WEST FLAGLER ST, STE 2 200 C/O K. TAYLOR WHITE
MIAMI, FL 33130

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER Keith D. Rite 3055 CARDINAL DR. Suite 300 VeRo Beach FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Keith D. Rite 3-25-06 772-231-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #