

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 048 ****50.00

DOCUMENT # L06000030048

1. Entity Name
10TH AVENUE DEVELOPMENT, LLC



Principal Place of Business

~~% JOHN T. PAXMAN, P.A.~~
~~1832 NORTH DIXIE HIGHWAY~~
~~LAKE WORTH, FL 33460~~

Arnold L. Putterman

Mailing Address

~~% JOHN T. PAXMAN, P.A.~~
~~1832 NORTH DIXIE HIGHWAY~~
~~LAKE WORTH, FL 33460~~

Arnold L. Putterman

2. Principal Place of Business - No P.O. Box #
120 N. Federal Highway -

3. Mailing Address
120 East 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 420

City & State
Lake Worth, FL

City & State
New York, NY

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4961673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN T. PAXMAN, P.A.
1832 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

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, 2007

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PUTTERMAN, ARNOLD**
STREET ADDRESS **120 EAST 56TH STREET**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **MGRM** ☐ Delete
NAME **PUTTERMAN, DANIEL P**
STREET ADDRESS **120 EAST 56TH STREET**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/07

Date

(212) 319-0510

Daytime Phone #