

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040665

FILED
Apr 16, 2007
Secretary of State

Entity Name: TENTH AVENUE NORTH "LLC"

Current Principal Place of Business:

1047 MINER RD.
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

1047 MINER RD.
LANTANA, FL 33462

New Mailing Address:

FEI Number: 16-1760532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, TIMOTHY D
3189 STARBOARD DR
LANTANA, FL 33462 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: MGRM () Delete
Name: DONEHEY, MICHAEL M
Address: 8813 SUNSET DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: JAMISON, JASON M
Address: 4827 PALMBROOKE CIR
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRM () Delete
Name: MIDDLETON, ANDREW P
Address: 8813 SUNSET DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: SANDERS, SCOTT
Address: 2407 PARKER AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM (X) Delete
Name: ZAYAS, DANIAL
Address: 8811 SUNSET DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: COMBS, TIMOTHY D
Address: 3189 STARBOARD DR.
City-St-Zip: LANTANA, FL 33462 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: OWENS, JEFFREY T
Address: 3330 MONOCO DR.
City-St-Zip: SPRING HILL, TN 37174 US

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

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

Title: MGRM (X) Change () Addition
Name: COMBS, TIMOTHY D
Address: 3189 STARBOARD DR.
City-St-Zip: LANTANA, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY . COMBS

MGRN

04/16/2007

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