

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


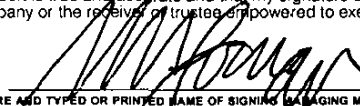
FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90030 040 ***138.75

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02042008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000044829							
1. Entity Name LAND TRUST 10 LLC							
Principal Place of Business 1323 S.E. THIRD AVE. FT. LAUDERDALE, FL 33316			Mailing Address 1323 S.E. THIRD AVE. FT. LAUDERDALE, FL 33316				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number APPLIED FOR				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FORMAN, H. COLLINS JR. 1323 S.E. THIRD AVE. FT. LAUDERDALE, FL 33316			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FORMAN, AUSTIN M	NAME					
STREET ADDRESS	888 SOUTHEAST THIRD AVENUE, SUITE 501	STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FORMAN, CHARLES R	NAME					
STREET ADDRESS	888 SOUTHEAST THIRD AVENUE, SUITE 501	STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							