2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L06000084629

Entity Name: TURNPIKE TEN, LLC

Current Principal Place of Business:

1791 BLOUNT ROAD BAY 812
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1791 BLOUNT ROAD BAY 812
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHENDELL & ASSOCIATES, P.A.
3650 NORTH FEDERAL HIGHWAY
SUITE 202
LIGHTHOUSE POINT, FL 33064 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:	MUCCIACCIARO, DOMENIC	
Address:	1791 BLOUNT ROAD BAY 812	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	MGRM	( ) Delete
Name:	SALVO, PAOLO	
Address:	1791 BLOUNT ROAD BAY 812	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	MGRM	( ) Delete
Name:	PROTECT A CHILD POOL, FENCE SYSTEMS INC.	
Address:	1791 BLOUNT ROAD BAY 812	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	MGRM	( ) Delete
Name:	SULLIVAN, LAWRENCE K	
Address:	1791 BLOUNT ROAD BAY 812	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	MGRM	( ) Delete
Name:	PERREAULT, THOMAS P	
Address:	1791 BLOUNT ROAD BAY 812	
City-St-Zip:	POMPANO BEACH, FL 33069	
Title:	MGRM	( ) Delete
Name:	LOBIONDO, SALVATORE	
Address:	1791 BLOUNT ROAD BAY 812	
City-St-Zip:	POMPANO BEACH, FL 33069	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: SALVATORE LOBIONDO MGRM 07/03/2007

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