

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90064 012 ***138.75

DOCUMENT # L06000084761					
1. Entity Name 10101, LLC					
Principal Place of Business 3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065			Mailing Address 3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 10101 W. SAMPLE ROAD		Suite, Apt. #, etc. 10101 W. SAMPLE ROAD			
City & State CORAL SPRINGS, FL 33065		City & State CORAL SPRINGS, FL 33065			
Zip 		Country 		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PONNOCK, ANDREW A 3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065				Name PONNOCK, ANDREW A. Street Address (P.O. Box Number is Not Acceptable) 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 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)</small>				DATE 3/26/08	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM PONNOCK, ANDREW A 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PONNOCK, ANDREW A. 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:				Date 3/26/08 Daytime Phone # 054 940 4051	