2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000086407 1. Entity Name

Principal Place of Business

10TH STREET ST. CLOUD, L.L.C.



Mailing Address

12201 N.W. 5TH STREET PLANTATION, FL 33325 12201 N.W. 5TH STREET PLANTATION, FL 33325

FILED May 02, 2008 08:00 AN Secretary of State



04122008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number			Applied For
20-5496539			Not Applicable
5. Certificate of Status Desired	□ \$5.0	00	Additional

5. Name and Address of Current Registered Agent

ACORD, LINDA L 12201 NW 5TH ST PLANTATION, FL 33325

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	s named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
5.08.7.7.5.1.2.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000944615 05/29/08-80107-005 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	ACORD, WILBUR R			
STREET ADDRESS	12201 N.W. 5TH STREET			

CITY-ST-ZIP PLANTATION, FL 33325 MGR TITLE ACORD, LINDA L NAME STREET ADDRESS 12201 N.W. 5TH STREET CITY-ST-ZIP PLANTATION, FL 33325 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

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

Linda L. Acord

Daytime Phone #