

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102067

Entity Name: 510 TURN, LLC

FILED  
Apr 29, 2010  
Secretary of State

**Current Principal Place of Business:**

18660 COLLINS AVENUE-SUITE 106  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

18660 COLLINS AVENUE-SUITE 106  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134

FEI Number: 46-0523666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TARR, ANDREW D ESQ.  
18660 COLLINS AVENUE #106  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134 US

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: MAYRA FERNANDEZ

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHNECK, FERNANDO  
Address: 19501 W. COUNTRY CLUB DR. #510  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: IENO, ROSANNA  
Address: 19501 W. COUNTRY CLUB DR. #510  
City-St-Zip: AVENTURA, FL 33180

I hereby 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: FERNANDO SCHNECK

MGRM

04/29/2010

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