

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112354

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE CAPITAL FLORIDA NMTC PARTNERS X, LLC

**Current Principal Place of Business:**

909 POYDRAS ST.  
SUITE 2230  
NEW ORLEANS, LA 70112

**New Principal Place of Business:**

**Current Mailing Address:**

909 POYDRAS ST.  
SUITE 2230  
NEW ORLEANS, LA 70112

**New Mailing Address:**

**FEI Number:** 27-3786733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSHALL, PHILIP E  
174 W. COMSTOCK AVENUE  
SUITE 209  
WINTER PARK, FL 32789 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:** MRG  
**Name:** STULL, STEVEN T  
**Address:** 909 POYDRAS ST., SUITE 2230  
**City-St-Zip:** NEW ORLEANS, LA 70112

**Title:** MGR  
**Name:** JOHNSON, MICHAEL T  
**Address:** 909 POYDRAS ST., SUITE 2230  
**City-St-Zip:** NEW ORLEANS, LA 70112

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:** MICHAEL T. JOHNSON

MGR

02/07/2011

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