2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L93000000038

1. Entity Name

TENTH STREET HOLDING, L.C.



Principal Place of Business

15855 WATERLINE ROAD BRADENTON, FL 34212

Mailing Address

15855 WATERLINE ROAD BRADENTON, FL 34212

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90377 048 ****50.00

60039110



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0408981

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSON, JUDITH M 15855 WATERLINE RD *** BRADENTON, FL 34212

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8. The above the obligati	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
,			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTIANSON, JUDITH M 15855 WATERLINE RD BRADENTON, FL 34212		

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MGR TITLE NAME GRIFFIN, PATRICIA A STREET ADDRESS 15855 WATERLINE RD CITY-ST-ZIP BRADENTON, FL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 emported to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING MAJADING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/07

Daytime Phone #