

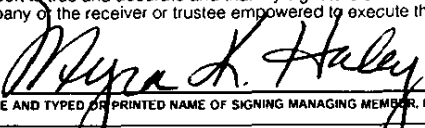


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90066 039 ****50.00

DOCUMENT # M06000002334 1. Entity Name D10-FALCON, LLC						
Principal Place of Business 2060 S PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937			Mailing Address 2060 S PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937			
2. Principal Place of Business - No P.O. Box # 7640 N. Wickham Road Suite, Apt. #, etc. Suite 101-B		3. Mailing Address Post Office Box 410999 Suite, Apt. #, etc.				
City & State Melbourne, FL		City & State Melbourne, Fl		4. FEI Number 20-4660379		
Zip 32940		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GATTI, WALTER J 2060 S PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937		7. Name and Address of New Registered Agent Name Myra K. Haley Street Address (P.O. Box Number is Not Acceptable) 154 Lansing Island Drive City Indian Harbour Beach FL Zip Code 32937				
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div>08/03/07</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Signature, typed or printed name of registered agent and title if applicable</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div> </div>						
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GATTI, WALTER J 2060 S PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Haley, Myra K. Post Office Box 410999 Melbourne, FL 32941 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Haley, Myra K. Post Office Box 410999 Melbourne, Fl 32941 <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: 				Myra K. Haley		(321) 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		