

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90021 007 ***150.00

DOCUMENT # L03000027867					
1. Entity Name 207/HASTINGS INDUSTRIAL PARK, LLC					
Principal Place of Business 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080 US			Mailing Address 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080 US		
2. Principal Place of Business		3. Mailing Address 9390 Silverthorn Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Largo FL			
Zip	Country	Zip 33777	Country	4. FEI Number 47-0927568	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSSIGNOL, L F III 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9390 Silverthorn Rd City Largo FL Zip Code 33777		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSIGNOL, L.F. III 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9390 Silverthorn Rd. Largo, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONOHUE, MICHAEL 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9390 Silverthorn Rd. Largo, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>JR Rossignol</i>			DATE: 3/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DAYTIME PHONE # 727-393-2815		