2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065580

1. Entity Name 1100 INDUSTRIAL, LLC

FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

5770 SHIRLEY STREET NAPLES, FL 34109

Mailing Address

5770 SHIRLEY STREET NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1612679

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

| 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.

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| | • |
|----------------|---|
| 9. | MANAGING MEMBERS/MANAGERS |
| TITLE | MGRM |
| NAME | DEL DUCA, MICHAEL |
| STREET ADDRESS | 5770 SHIRLEY STREET |
| CITY-ST-ZIP | NAPLES, FL 34109 |
| TITLE | MGR |
| NAME | JOHNSON, DONALD C |
| STREET ADDRESS | 1100 NANCESOWEE AVE |
| CITY-ST-ZIP | SEBRING, FL 33870 |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | , /// |
| CITY-ST-ZIP | 1 /// |
| 11 I hereby r | pertify that the information supplied with this filling does not quality for the ex |

DO NOT WRITE IN THIS SPACE

U00000712699 04/26/07-80059-007 55.00

11. I hereby certify that the information supplied with this filling does not qualfy 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 shalf 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 empoyer of the exemption as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Del Duca

4/13/07

239-51de-1601

R, OR AUTHORIZED REPRESENTATIVE

ıl**e**

Daytime Phone #