2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90037 014 ****50.00

DOCUMENT # L05000033812

1. Entity Name
6TH AVENUE INDUSTRIAL LLC

Principal Place of Business	Mailing Address
9625 WES KEARNEY WAY RIVERVIEW, FL 33569	9625 WES KEARNEY WAY RIVERVIEW, FL 33569

03152007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5115 JOANNE KEARNEY BLVD.	P.O. BOX 5299
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLORIDA	City & State: TAMPA, FL
Zip: 33619 Country: USA	Zip: 33675-5299 Country: USA

4. FEI Number: 20-2631791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	Name: JAMES M. REED Street Address (P.O. Box Number is Not Acceptable): 5115 JOANNE KEARNEY BLVD. City: TAMPA **FL** Zip Code: 33619

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] 3/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KEARNEY, BING W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3/27/07 813 435-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #