

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 25 PM 2:21



03/27/07 90201 001 \$50.00  
03092007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000021708</b> 1. Entity Name 1200 OGDEN INDUSTRIAL, LLC					
Principal Place of Business 4343 SAWYER ROAD SARASOTA, FL 34233		Mailing Address 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4343 SAWYER RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA, FL		4. FEI Number 20-5133098	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name: ROBERT WAECHTER Street Address (P.O. Box Number is Not Acceptable): 4343 SAWYER RD. City: SARASOTA FL Zip Code: 34233			
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: <i>Robert Waechter</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Title: <i>President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: <i>7/23/07</i>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAECHTER, ROBERT 4343 SAWYER ROAD SARASOTA, FL 34233	<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	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Robert Waechter, MGR				Date: _____ Daytime Phone #: _____	

BLT