

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)

DOCUMENT # L06000021708			
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 SARASOTA, FL		4. FEI Number 20-5133098	
Zip 34233		Country U.S.	
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> President DATE: 7/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
		<small>Date</small>	
		<small>Daytime Phone #</small>	

Robert Waechter, MGR