


FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001126			
1. Entity Name INDUSTRIAL DEVELOPMENT CO. OF AMERICA, LLLP			
Principal Place of Business 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH, FL 33073		Mailing Address 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH, FL 33073	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent LASSER, LEE S 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH, FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-1023235			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$5,010,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A00000001106 LEE S. LASSER FAMILY LIMITED PARTNERSHIP 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPAÑO BEACH, FL 33073	STREET ADDRESS CITY-ST-ZIP	10300000361322 05/05/05-80068-022 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A00000001125 AUGUSTINE FERRERA FAMILY LIMITED PARTNERSHIP 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A01000001204 MICHAEL J. FERRERA FAMILY LTD PARTNERSHIP #2 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: Lee S. Lasser 4-25-05 (951) 975-0055 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			