2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Feb 18, 2008 08:00 AN Secretary of State **DOCUMENT # A93000000300** INDUSTRIAL PROPERTIES, LTD. Principal Place of Business Mailing Address 1167 SAWGRASS CORP. PKWY 1167 SAWGRASS CORP. PKWY SUNRISE, FL 33323 SUNRISE, FL 33323 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0390400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GENET, HELEN DO NOT WRITE 17355 N.E. 9TH AVE. NORTH MIAMI BEACH, FL 33162 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if epolicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P93000011395 DOCUMENT # HARPER INVESTMENT CORP. NAME STREET ADDRESS 1167 SAWGRASS CORP. PKWY CITY-ST-ZIP SUNRISE, FL 33323 P93000034434 DOCUMENT & NAME MEG COMMERCE, INC. U000000831333 STREET ADDRESS 17355 NE 9TH AVE. 02/27/08-80013-024 500:00 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATINE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/11/08

(954)846-2434

FILED