

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A99000002236**

1. Entity Name  
**IDEAL INDUSTRIAL PROPERTIES, LTD.**



Principal Place of Business  
**PMB #187, 2545 E. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33304**

Mailing Address  
**PMB #187, 2545 E. SUNRISE BLVD.  
FORT LAUDERDALE, FL 33304**

FILED  
07 JUN 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0969789**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SEVERNS, GARY  
2545 E. SUNRISE BLVD. #187  
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **L99000009288**  
NAME **IDEAL INDUSTRIAL PROPERTIES, L.L.C.**  
STREET ADDRESS **PMB #187, 2545 E. SUNRISE BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Prepared By: J.L. Swanson, Chtd.  
Certified Public Accountants  
Mankato, MN  
EIN: 41-1837972**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700104424097  
05/15/07-01059-018 \*\*\$500.00

**DO NOT WRITE  
IN THIS SPACE**

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

**Ideal Industrial Properties, LLC by Gary Severns, Managing Member**

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* x May 27-7(954) 564-2943

Daytime Phone #

STAPLE CHECK HERE.