2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90073 039 ***138.75

DOCUMENT # L01000003025

1. Entity Name
INDUSTRIAL CONNECTOR VENTURE, LLC

Principal Place of Business	Mailing Address
6530 W. ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487	6530 W. ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487

02062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
Zip / Country	Zip / Country

4. FEI Number 16-1637952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRONGOLD, RANDI M ESQ. 201 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEDER GROUP, INC 6530 W ROGERS CIRCLE, #31 BOCA RATON, FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 ☑ Change ☐ 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: Sean Leder 2/14/08 561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #