

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021523 1. Entity Name INDUSTRY ROAD 705, L.L.C.	
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Principal Place of Business 735 INDUSTRY RD., SUITE 109 STE 109 LONGWOOD, FL 32750	Mailing Address 735 INDUSTRY RD., SUITE 109 STE 109 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 80-0004482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINNEY, DIANNE M.
219 COPPER OAK CT.
APOPKA, FL 32703

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, KINGSLEY E 240 SPANISH OAK TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, KINGSLEY E 240 SPANISH OAK TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRANT, EMILY M 240 SPANISH OAK TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/26/06-80108-011 50.00

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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:  - M G M Date: 4/9/06 Daytime Phone #: 407-383-0954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #