

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 022 ****50.00

DOCUMENT # L01000021525 1. Entity Name INDUSTRY ROAD 735, L.L.C.					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 61-1421263				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSS, THOMAS P ESQUIRE FLORIDA LEGAL GROUP, P.A. 538 VIRGINIA DRIVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name DIANNE M. KINNEY Street Address (P.O. Box Number is Not Acceptable) 219 CYPRESS OAK CT City APOLLO FL Zip Code 32703		
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 <i>Dianne Kinney</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-13-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, KINGSLEY E			NAME	
STREET ADDRESS	240 SPANISH OAK TRAIL			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, KINGSLEY E			NAME	
STREET ADDRESS	240 SPANISH OAK TRAIL			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, EMILY M			NAME	
STREET ADDRESS	240 SPANISH OAK TRAIL			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. 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 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: <i>[Signature]</i> - MGRM				Date 4/13/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					