

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000021527

1. Entity Name
INDUSTRY ROAD 739, L.L.C.



Principal Place of Business
**735 INDUSTRY RD., SUITE 109
LONGWOOD, FL 32750**

Mailing Address
**735 INDUSTRY RD., SUITE 109
LONGWOOD, FL 32750**



02202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0004081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

(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
**PS
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
**MGRM
GRANT, KINGSLEY E
240 SPANISH OAK TRAIL
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000505207
04/26/06-80108-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/06

407-383-0954