

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021527

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** INDUSTRY ROAD 739, L.L.C.

**Current Principal Place of Business:**

240 SPANISH OAK TRAIL  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

240 SPANISH OAK TRAIL  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 80-0004081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KINNNEY, DIANNE M.  
1789 MADISON IVY CIR  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PS  
Name: GRANT, KINGSLEY E  
Address: 240 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: VT  
Name: GRANT, EMILY M  
Address: 240 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: GRANT, KINGSLEY E  
Address: 240 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: GRANT, EMILY M MGRM  
Address: 240 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D  
Name: GRANT, KINGSLEY P  
Address: 240 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779D

Title: D  
Name: GRANT, DIANNE M  
Address: 240 SPANISH OAK TRAIL  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** KINGSLEY E GRANT

MGRM

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date