

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90106 007 ***138.75

DOCUMENT # L02000017138

1. Entity Name
2001 INDUSTRIAL, LLC



Principal Place of Business
621 N.W. 53RD STREET, SUITE 240
BOCA RATON, FL 33487

Mailing Address
621 N.W. 53RD STREET, SUITE 255
BOCA RATON, FL 33487

50003170



2. Principal Place of Business - No P.O. Box #
621 NW 53rd Street

3. Mailing Address
621 NW 53rd Street

Suite, Apt. #, etc.
Suite # 240

Suite, Apt. #, etc.
Suite # 240

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33487

Country
U.S.A.

Zip
33487

Country
U.S.A.

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
03-0510131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ERAN SOUTHS CORP.
621 NW 53RD STREET
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
ERAN SOUTH CORP.

Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd Street

Suite 240

City
BOCA RATON

FL

Zip Code
33487

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: ALLAN ZIEGELMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/08

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZIEGELMAN, ALLAN G
621 NW 53RD STREET STE 320
BOCA RATON, FL 33487 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
621 NW 53rd Street STE #240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: ALLAN ZIEGELMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/08

DATE

501-241-3269

Daytime Phone #