


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 030 *****50.00

DOCUMENT # L03000003983					
1. Entity Name INDUSTRIAL REALTY INVESTMENTS, LLC					
Principal Place of Business 2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695			Mailing Address 2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent DOUGLAS L. HILKERT P.A. 2557 NURSERY ROAD SUITE A CLEARWATER, FL 33764					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
_____			Managing Member Deron L. Thomas 2232 Cypress Hollow Court Safety Harbor FL, 34695		
_____			Managing Member Dawn N. Thomas 2232 Cypress Hollow Court Safety Harbor, FL 34695		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
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: <u>Deron L. Thomas</u> <u>Deron Thomas</u> <u>4/26/04</u> <u>727-724-3300</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

pk# 052