## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000003983**

1. Entity Name

INDUSTRIAL REALTY INVESTMENTS, LLC



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695 2232 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695



01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS L. HILKERT P.A. 2557 NURSERY ROAD SUITE A CLEARWATER, FL 33764

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME THOMAS, DERON L STREET ADDRESS 2232 CYPRESS HOLLOW COURT CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE **MGRM** U00000685757 04/09/07-80018-015 50.00 THOMAS, DAWN N NAME 2232 CYPRESS HOLLOW COURT STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL. 34695 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: ALLOW KNOWNE DEFON | HOMAY

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

3/22/0

727-724-3300

Date

Daytime Phone #