


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90206 033 ****50.00

DOCUMENT # L03000008381 1. Entity Name INDUSTRIAL OPPORTUNITY, LLC	
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Principal Place of Business 3100 OPPORTUNITY COURT SOUTH DAYTONA, FL 32119	Mailing Address 200 E. GRANADA BLVD., STE. 200 ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE

03082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2676354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALBY, DWIGHT C
 SELBY REALTY, INC
 200 E. GRANADA BLVD., #200
 ORMOND BEACH, FL 32176

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELBY, DWIGHT C 1535 OAK FOREST DR. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SANFORD 28 BROAD RIVER ROAD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARGAN, THOMAS H JR 140 JOHN ANDERSON DR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRASSER, CHARLES L 1316 JOHN ANDERSON DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACKS, DAVID 240 N. SEAGRAVE DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 authorized 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 # _____