


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L03000009144 | |  |
| 1. Entity Name LINGO INDUSTRIAL, LLC | | |
| Principal Place of Business 25946 HOLIDAY DR. ASTOR, FL 32102 | | Mailing Address 25946 HOLIDAY DR. ASTOR, FL 32102 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01172006No Chg-LLC CR2E083 (11/05) |
| 4. FEI Number 59-1156723 | | 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 LINGO, JOHN 25946 HOLIDAY DR. ASTOR, FL 32102 | | DO NOT WRITE IN THIS SPACE |
| 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 re-filing)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LINGO, JOHN 25946 HOLIDAY DR. ASTOR, FL 32102 | |
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| 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: <u>John E. Lingo</u> John E. LINGO | | Date: <u>1/30/06</u> 407 415- 5354 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Daytime Phone #</small> |