


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000088979</b> 1. Entity Name <b>PATRICK INDUSTRIAL PARK, LLC</b>	
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Principal Place of Business <b>8201 SE 180TH STREET OXFORD, FL 34482</b>	Mailing Address <b>P.O. BOX 1148 SUMMERFIELD, FL 34492</b>
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02242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>41-2161252</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>8. Name and Address of Current Registered Agent</b>  <b>PATRICK, ROBERT 8201 SE 180TH STREET OXFORD, FL 34484</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATRICK, ROBERT 8201 SE 180TH ST OXFORD, FL 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATRICK, JUNE 8201 SE 180TH ST OXFORD, FL 34484</b>
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04/23/08-80046-004 138.75

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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.

*Patrick June Patrick* 4-10-08 (353) 484-0802