

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUN -4 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000023082

1. Entity Name
85TH AVENUE INDUSTRIAL PARK, LLC



Principal Place of Business
4195 E PARSONS PT RD
LOT 13
HERNANDO, FL 34442

Mailing Address
4195 E PARSONS PT RD
LOT 13
HERNANDO, FL 34442

2. Principal Place of Business - No P.O. Box #
6901 S. Aloysia Ave.

3. Mailing Address
6901 S. Aloysia Ave.

Suite, Apt. #, etc.

City & State
Floral City FL

Zip
34436

Country

4. FEI Number
20-2468217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKNER, JR, ROGER E MGRM
4195 E PARSONS PT RD
LOT 13
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6901 S. Aloysia Ave
City Floral City FL Zip Code 34436

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: *Roger E Beckner Jr* DATE: 4/27/07

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKNER FAMILY LIMITED PARTNERSHIP 4195 E PARSONS PT RD HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6901 S. Aloysia Ave. Floral City FL 34436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400104254564 06/12/07--01008--016 **\$800.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Roger E Beckner Jr* DATE: 4/27/07

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

Date Daytime Phone #

352-726-2725