

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90037 014 ****50.00

DOCUMENT # L05000033812					
1. Entity Name 6TH AVENUE INDUSTRIAL LLC					
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address P.O. BOX 5299			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FLORIDA		City & State TAMPA, FL		4. FEI Number 20-2631791	
Zip 33619		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name: JAMES M. REED Street Address (P.O. Box Number is Not Acceptable): 5115 JOANNE KEARNEY BLVD. City: TAMPA FL Zip Code: 33619		
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: 3/27/07	
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 HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
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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:				DATE: 3/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 813 435-7105	