

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90049 033 \*\*\*\*50.00

**DOCUMENT # L05000060728**

1. Entity Name  
**MUSKOGEE INDUSTRIAL PARK, LLC**



Principal Place of Business  
**233 S. SEMORAN BLVD.  
ORLANDO, FL 32807**

Mailing Address  
**233 S. SEMORAN BLVD.  
ORLANDO, FL 32807**

2. Principal Place of Business  
**976 LAKE BALDWIN LN  
Suite 201**

3. Mailing Address  
**976 LAKE BALDWIN LN  
Suite 201**

City & State  
**ORLANDO FLORIDA**

City & State  
**ORLANDO FLORIDA**

Zip  
**32814**

Country  
**ORANGE**

Zip  
**32814**

Country  
**ORANGE**

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3024507**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCHENA, MARCOS R  
233 S. SEMORAN BLVD  
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**976 LAKE BALDWIN LN Suite 201**

City  
**ORLANDO**

FL

Zip Code  
**32814**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RIVERO, CARLOS  
1602 RIO COVE COURT  
ORLANDO, FL 32825** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GRAHAM, KEITH A  
233 S. SEMORAN BLVD.  
ORLANDO, FL 32807** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**976 LAKE BALDWIN LN Suite 201  
ORLANDO FLORIDA 32814** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*[Signature]*

*Keith A Graham*

*4/27/06*

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

Date

Daytime Phone #