2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2007 8:00 am Secretary of State 05-11-2007 90196 043 ****55.00

DOCUMENT # L05000094383 1. Entity Name 7800 INDUSTRIAL, LLC)		J01J0			
Principal Place of Business 5709 NW 158 STREET MIAMI, FL 33014			Mailing Address 5709 NW 158 STREET MIAMI, FL 33014			60051008					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007	Chg-LLC	CR2E	083 (12/06)			
City & State		City & State		4. FEI Numb			No	plied For t Applicable			
Zip Country		Zip Country		5. Certificate	of Status Desired	.∡	\$5.00 Add Fee Require	litional d			
	6. Name	e and Address of Current I	Registered Agent		Name	7. Name and	d Address of New F	Registered	l Agent		
SWEZY, LEWIS						(D.O. Day Moral	(P.O. Box Number is Not Acceptable)				
5709 NW 158ST MIAMI LAKES, FL 33014					Street Address	(P.O. Box Nume	er is Not Acceptabl	· · · · · · · · · · · · · · · · · · ·			
;		:			City			F	Zip Cod	9	
The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.					ed office or regist	ered agent, or bo	oth, in the State of FI			and accept	
signature .	-,										
	Signature, typeo	d or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signature requir	ed when reinstating)		DATE			
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		is \$50.00 ny 1, 2007					1		payable to ment of Stat	e	
	ue by Ma			10.	- 1		1	la Depart	ment of Stat	·	
9.	MGRM	MANAGING MEMBE	RS/MANAGERS	10. TITL	E		Florid	la Depart	ment of Stat	Addition	
9. TITLE NAME STREET ADDRESS	MGRM SWEZY, 5709 NW	MANAGING MEMBE LEWIS / 158 STREET		TITL NAA STR	E		Florid	la Depart	ment of Stat	·	
9. TITLE NAME	MGRM SWEZY,	MANAGING MEMBE LEWIS / 158 STREET		TITL NAA STR	E AE EET ADDRESS (-ST-ZIP		Florid	la Depart	ment of Stat	·	
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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 AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

25-821-038