2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096593

1. Entity Name
IND. EX. LLC

Principal Place of Business	Mailing Address
7944 S GEORGE BLVD SEBRING, FL 33875	7944 S GEORGE BLVD SEBRING, FL 33875
-	-

20006328

2. Principal Place of Business		**3.** Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			

01112006   Chg-LLC   CR2E083 (11/05)

Zip	Country	Zip	Country

4. FEI Number 20 -3700955
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
RANCOURT, TAL 7944 S GEORGE BLVD SEBRING, FL 33875	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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		**10.** ADDITIONS / CHANGES	
TITLE MGR NAME RANCOURT, TAL STREET ADDRESS 7944 S GEORGE BLVD CITY-ST-ZIP SEBRING, FL 33875	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _____   2/6/06   863-471-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Tal Rancourt