## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

TAL Kancourt

## FILED Jan 31, 2007 08:00 AM Secretary of State

DOCUMENT # L05000096593  1. Entity Name IND. EX. LLC	Secretary of State
Principal Place of Business Mailing Address 7944 S GEORGE BLVD 7944 S GEORGE BLVD SEBRING, FL 33875 SEBRING, FL 33875	
DO NOT WRITE IN THIS SPAC  6. Name and Address of Current Registered Agent	01252007 No Chg-LLC
RANCOURT, TAL 7944 S GEORGE BLVD SEBRING, FL 33875	DO NOT WRITE IN THIS SPACE
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 whon reinstating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2007	- <del>•</del> • • • • • • • • • • • • • • • • • •
9. MANAGING MEMBERS/MANAGERS  IIILE MGR NAME RANCOURT, TAL STREET ADDRESS 7944 S GEORGE BLVD CITY ST-ZIP SEBRING, FL 33875	UU0000614132 02/06/07-80013-010 50.00
NAME STREET ADDRESS CJTY- S1-2IP  TITLE NAME STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	IN THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME SIRELY ADDRESS CHY-SI-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemy indicated on this report is true and accurate and that my signature shall have the same is limited liability company or the receiver or trustee empowered to execute this report as many company or the receiver or trustee empowered to execute this report as many company.	polions contained in Chapter 119, Florida Statutes. I further certify that the information egal effect as if made under oath, that I am a managing member or manager of the