


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90070 010 ***138.75

DOCUMENT # L06000005181	
1. Entity Name HOGSHEAD INDUSTRIAL, LLC	

Principal Place of Business 237 WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 237 WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 US
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60004217



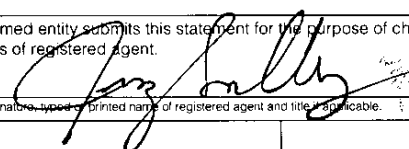
2. Principal Place of Business - No P.O. Box # 237 South Westmonte Dr.	3. Mailing Address Same
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. as Place
City & State Altamonte Springs, FL	City & State of Business
Zip 32714	Country USA

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0400753	Applied For Not Applicable
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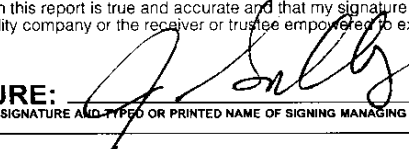
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMALLEY, JERRY M 237 WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name: Jerry Smalley Street Address (P.O. Box Number is Not Acceptable): 237 South Westmonte Drive Suite 220 City: Altamonte Springs FL Zip Code: 32714
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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: 1/18/08
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, JERRY 237 S. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 1/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE