
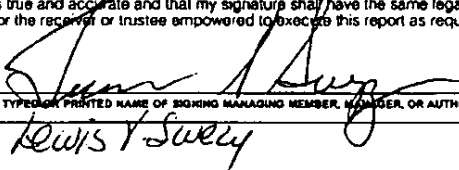


FILED  
Jun 07, 2007 8:00 am  
Secretary of State

05-11-2007 90196 047 \*\*\*\*55.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # L06000006800</b>   |  |  |   |
| 1. Entity Name<br>LVS HIALEAH INDUSTRIAL LLC   |  |   |   |
| Principal Place of Business<br>5709 NW 158 STREET<br>MIAMI LAKES, FL 33014 US  |  | Mailing Address<br>5709 NW 158 STREET<br>MIAMI LAKES, FL 33014 US                 |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 04272007   |  | Chg-LLC CR2E083 (12/06)   |   |
| 4. FEI Number<br>20-4268419  |  | Applied For<br>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                                       |   |
| SWEZY, LEWIS V<br>5709 NW 158 STREET<br>MIAMI LAKES, FL 33014  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____   |  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SWEZY, LEWIS V<br>5709 NW 58 STREET<br>MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: <br>Lewis V Swezy  |  | 4/27/07 305-521-0330<br>Date Daytime Phone  |   |