2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000017898

Entity Name: DENTON INDUSTRIAL, LLC

Current Principal Place of Business:

9339 DENTON AVENUE
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

12121 LITTLE RD #289
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, GEORGIANN D
3310 SAN JOSE STREET
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PERRY, GEORGIANN D	
Address:	3310 SAN JOSE STREET	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:	MGR	( ) Delete
Name:	DONOVAN, KENNETH K JR	
Address:	8822 WHISPERING OAKS TRAIL	
City-St-Zip:	NEW PORT RICHEY, FL 34654 US	
Title:	MGR	( ) Delete
Name:	DONOVAN, JAMES H SR	
Address:	11015 HIDDEN TREASURE COURT	
City-St-Zip:	NEW PORT RICHEY, FL 34654 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGIANN PERRY MGR 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date