


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90202 050 \*\*\*\*50.00

<b>DOCUMENT # L06000021707</b>			
1. Entity Name OGDEN ROAD INDUSTRIAL DEVELOPMENT, LLC			
Principal Place of Business 4343 SAWYER ROAD SARASOTA, FL 34233		Mailing Address 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34238	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4343 SAWYER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA FL	
Zip	Country	Zip	Country
		34233	US
4. FEI Number 77-0679549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., #1 SARASOTA, FL 34238		Name ROBERT WAECHTER	
		Street Address (P.O. Box Number is Not Acceptable) 4343 SAWYER RD	
		City SARASOTA FL Zip Code 34233	
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 <i>Robert Waechter</i>		DATE 3/23/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAECHTER, ROBERT 4343 SAWYER ROAD SARASOTA, FL 34233 <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
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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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
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 606, Florida Statutes.			
SIGNATURE: <i>Robert Waechter</i>		Date: 4/6/07 941 349 0798	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Robert Waechter, MGR