2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

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Entity Name: INDUSTRIAL 100, LLC

Current Principal Place of Business:

5605 FLORIDA MINING BLVD., SOUTH
BLDG. 100, SUITE 11
JACKSONVILLE, FL 32257

New Principal Place of Business:

5605 FLORIDA MINING BLVD., S
BLDG. 100, SUITE 11
JACKSONVILLE, FL 32257

Current Mailing Address:

5605 FLORIDA MINING BLVD., SOUTH
BLDG. 100, SUITE 11
JACKSONVILLE, FL 32257

New Mailing Address:

5605 FLORIDA MINING BLVD., S
BLDG. 100, SUITE 11
JACKSONVILLE, FL 32257

FEI Number: 02-0784123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPINNER, WILLIAM T
5605 FLORIDA MINING BLVD., SOUTH
BLDG. 100, SUITE 11
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SPINNER, WILLIAM T
5605 FLORIDA MINING BLVD., S
BLDG. 100, SUITE 11
JACKSONVILLE, FL 32257 US

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: 01/24/2007

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SPINNER, WILLIAM T
Address: 5605 FLORIDA MINING BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SPINNER, WILLIAM T
Address: 5605 FLORIDA MINING BLVD., S 11
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM T SPINNER MGR 01/24/2007

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