

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 01, 2007 8:00 am
Secretary of State

02-06-2007 90030 035 ****50.00

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| DOCUMENT # L06000048470 | | | | | |
| 1. Entity Name INDUSTRIAL DIVERSIFIED, LLC | | | | | |
| Principal Place of Business 630 MILFORD POINT DRIVE MERRITT ISLAND, FL 32952 US | | | Mailing Address 630 MILFORD POINT DRIVE MERRITT ISLAND, FL 32952 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| 4. FE Number 01152007 Chg-LLC CR2E083 (12/06) | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent JENNEY, CAROLE J 3404 NORTH INDIAN RIVER DRIVE COCOA, FL 32926 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 reappointing) _____ DATE _____ | | | | | |
| 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 CAROLE J. JENNEY 3404 NORTH INDIAN RIVER DRIVE COCOA, FL 32926 | <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"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Carole J. Jenney</i> | | Date: <i>1/27/07</i> Daytime Phone #: <i>(321) 636-1467</i> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |