

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 FEB -8 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000048730</b> 1. Entity Name BARTOW INDUSTRIAL CENTER, LLC					
Principal Place of Business 18071 BISCANYE BLVD STE 1601 AVENTURA, FL 33160			Mailing Address 18071 BISCANYE BLVD STE 1601 AVENTURA, FL 33160		
2. Principal Place of Business - No P.O. Box # <i>19105R 60 West</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Bartow, FL</i>		City & State		4. FEI Number 01302007 Chg-LLC CR2E083 (12/06)	
Zip <i>33830</i>	Country <i>Polk</i>	Zip <i>33830</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LANDSMAN, SAM 18071 BISCANYE BLVD STE 1601 AVENTURA, FL 33160			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 <i>Sam Landsman</i> <i>Paul Leach</i> <span style="float: right;">2/05/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDSMAN, SAM 18071 BISCANYE BLVD STE 1601 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANDSMAN, SAM 18071 BISCANYE BLVD STE 1601 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
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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>Paul Leach</i> <span style="float: right;">2/05/07</span> <span style="float: right;">305-931-1090</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

