

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063197

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** PIPER INDUSTRIAL COMPLEX, LLC.

**Current Principal Place of Business:**

1885 N.E. 149TH STREET  
SUITE B  
NORTH MIAMI, FL 33181 US

**Current Mailing Address:**

1885 N.E. 149TH STREET  
SUITE B  
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

1885 N.E. 149TH STREET  
SUITE A  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

1885 N.E. 149TH STREET  
SUITE A  
NORTH MIAMI, FL 33181 US

**FEI Number:** 20-5084924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIPER, EVAN S  
1885 N.E. 149TH STREET  
SUITE B  
NORTH MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

PIPER, EVAN S  
1885 N.E. 149TH STREET  
SUITE A  
NORTH MIAMI, FL 33181 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:**

02/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PIPER, EVAN S  
Address: 1885 N.E. 149TH STREET, SUITE B  
City-St-Zip: NORTH MIAMI, FL 33181 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PIPER, EVAN S  
Address: 1885 N.E. 149TH STREET, SUITE A  
City-St-Zip: NORTH MIAMI, FL 33181 US

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:** EVAN S. PIPER

MGR

02/25/2009

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