

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085109

FILED
Jan 03, 2007
Secretary of State

Entity Name: MFFW INDUSTRIAL PROPERTIES, LLC

Current Principal Place of Business:

9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, 32 920

New Principal Place of Business:

9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US

Current Mailing Address:

9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, 32 920

New Mailing Address:

9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATICH, PHILIP
1151 NORTH ORANGE AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LEE, PATRICK
9025 NORTH ATLANTIC AVE.
CAPE CANAVERAL, FL 32920 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: PATRICK LEE

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHELBY CORPORATION O, F CENTRAL FLOR I DA, INC
Address: 9025 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, 32 920

Title: MGR () Delete
Name: WILLOCOX CORPORATION, II
Address: 9025 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, 32 920

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK LEE

MR.

01/03/2007

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