2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 13, 2007 8:00 am Secretary of State

	ANNUAL K	EPORT (AR)	<u> - عبه (</u>		47.	Secretar	v of S	tate
DOCUMENT # L06000104783 1. Enlity Name					Secretary of State 04-02-2007 90435 036 ****50.00			
7153C S	OUTHERN INDUSTRIAL, LLI	C						
Principal Place of Business Mailing Address]			
8233-18 GA C/O CORN WEST PALI	ATOR LANE ERSTONE REALTY, INC. M BEACH FL 33411	8233-18 GATOR LANE C/O CORNERSTONE REALTY, INC. WEST PALM BEACH FL 33411						
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address					N 99M 918H 1888 88M	- was 14 46r
Suite, Apt.	#, BtC.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/06)			
City & State	0	City & State		4. FEI Nun	06/35/19	— ——	applied For	
Zip Country		Zip Co		гу	5. Corblicate of Status Desired S5.00 Additional Fee Required		ditional	
6. Name and Address of Current Registered Agent				Name and Address of New Registered Agent Namo				
	MIDT, FREDERICK J 3-18 GATOR LANE				eet Address (P.O. Box Number is Not Acceptable)			
	ST PALM BEACH FL 33411		ŀ					
			ļ-	City			FL Zip Coa	de
8. The above the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registere	d office or register	od agont, or i	both, in the State of Florida.	am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name or regulated again	and hits it applicable. (NOTE	Registered	Agent signalum required	when ternstating)		AIE	<u></u>
Make Check Payabl				EE IS \$50.00 ride Departmen y 1, 2007	it of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.	<u>· </u>	<u>.</u>	ADDITIONS/CHAN	GES	
THE	MGR	☐ Delete)((1)				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SCHMIDT, FREDERICK J 8233-18 GATOR LANE WEST PALM BEACH FL 33411		SIRU :	LADORESS SLZIP				
IITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SCHMIDT, JOHN F 8233-18 GATOR LANE WEST PALM BEACH FL 33411	☐ Delete	HILL NAME STREE CHY :	FADDRESS St. /BP			Change	Addition
TITLE THANK STREET ADDRESS CITY-ST-71P		Delete	HILL NAME STRUCT CITY 3	I ADORESS SE-ZIP			☐ Change	Addition
TITLE. NAME. STREET ADDRESS CITY- ST-71P		☐ Defete	THU NAMI SIRE CHY S	LADOTESS SLZIP	-		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP		☐ DeHele	IIIII NAMI STRIET CITY S	I ADDRESS St. 7/P			☐ Change	Addition
HILF NAME STREEL ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	LADOHESS (1-7/P			☐ Change	Addition
11, I horoby	certify that the information supplied wit	h this filing does not qualify t	or the exc	motions contained	1 in Section 1	19 Florida Statutos Eluthor	certify that the i	information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under each; 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: Malucle & Churt SIGNATURE and typed on printed name of Blown Manager, on authorized representative Date Control Printed And Typed On Printed Name Of Blown Manager, OR AUTHORIZED REPRESENTATIVE