


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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

04-02-2007 90435 036 \*\*\*\*50.00

**DOCUMENT # L06000104783**  
 1. Entity Name  
 7153C SOUTHERN INDUSTRIAL, LLC



Principal Place of Business      Mailing Address  
 8233-18 GATOR LANE      8233-18 GATOR LANE  
 C/O CORNERSTONE REALTY, INC.      C/O CORNERSTONE REALTY, INC.  
 WEST PALM BEACH FL 33411      WEST PALM BEACH FL 33411

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
 51-0613579      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHMIDT, FREDERICK J  
 8233-18 GATOR LANE  
 WEST PALM BEACH FL 33411

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and city if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCHMIDT, FREDERICK J 8233-18 GATOR LANE WEST PALM BEACH FL 33411	<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	MGR SCHMIDT, JOHN F 8233-18 GATOR LANE WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	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 Section 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: *Frederick J. Schmidt*      Date \_\_\_\_\_      Copying Charge \$ \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE