
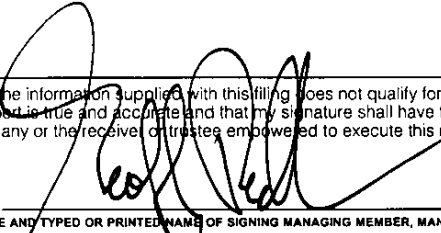


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90226 020 \*\*\*143.75

|  |                                     |                     |  |   |   |
|--|-------------------------------------|---------------------|--|---|---|
| DOCUMENT # L07000036810  |                                     |                     |  |  |   |
| 1. Entity Name<br><b>MIAMI INDUSTRIAL, LLC</b>   |                                     |                     |  |   |   |
| Principal Place of Business<br><b>6529 SOUTHERN BOULEVARD<br/>WEST PALM BEACH, FL 33413 US</b>   |                                     |                     | Mailing Address<br><b>6529 SOUTHERN BOULEVARD<br/>WEST PALM BEACH, FL 33413 US</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |                                     | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc. |  |   |   |
| City & State   |                                     | City & State        |  | 01042008 Chg-LLC CR2E083 (12/06)  |   |
| Zip  |                                     | Country             |  | 4. FEI Number<br><b>20-8800834</b>  |   |
|  |                                     |                     |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                                     |                     | \$5.00 Additional Fee Required   |   |   |
| <b>6. Name and Address of Current Registered Agent</b>   |                                     |                     | <b>7. Name and Address of New Registered Agent</b>                                 |   |   |
| ALBA, RUSSELL T ESQUIRE<br>101 SOUTH FRANKLIN STREET<br>SUITE 202<br>TAMPA, FL 33602   |                                     |                     | Name   |   |   |
|  |                                     |                     | Street Address (P.O. Box Number is Not Acceptable)                                 |   |   |
|  |                                     |                     | City   |   |   |
|  |                                     |                     | <b>FL</b>  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                     |                     |  |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |                                     |                     | <b>Make check payable to<br/>Florida Department of State</b>                       |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                     |                     |  | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE  | MGR <input type="checkbox"/> Delete |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | PECKHAM, GEOFFREY                   |                     |  | NAME  |   |
| STREET ADDRESS   | 6529 SOUTHERN BOULEVARD             |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33413           |                     |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                     |                     |  | NAME  |   |
| STREET ADDRESS   |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                     |                     |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                     |                     |  | NAME  |   |
| STREET ADDRESS   |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                     |                     |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                     |                     |  | NAME  |   |
| STREET ADDRESS   |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                     |                     |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                     |                     |  | NAME  |   |
| STREET ADDRESS   |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                     |                     |  | CITY-ST-ZIP   |   |
| 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:    |                                     |                     |  | 4-1-08 561-478-2711   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                     |                     |  | Date Daytime Phone #  |   |