2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name MIAMI INDUSTRIAL, LLC			A THE STATE OF THE		04-07-2008 90226 020 ***143.75				
Principal Place of Business 6529 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33413 US		Mailing Address 6529 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33413 US) 		- v1	EIT U R R UIU L 11 0 10 0.9 0	(1841) air 1881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State		4. FEI Numbe	8800834			optied For ot Applicable	
Zip	Country :	Zip	Country		5. Certificate	of Status Desired	12	\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered	Agent	
ALDA DIV	COELL TECOURE		Na Na	ame					
ALBA, RUSSELL T ESQUIRE 101 SOUTH FRANKLIN STREET SUITE 202			Sti	reet Address (P.O. Box Numbe	er is Not Acceptable)		
TAMPA, FI									
	; ; ;		Ci	ty			FL	Zip Cod	le
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered of	fice or register	red agent, or bot	h, in the State of Flor	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	nt signature required	when reinstating)		DATE		
					Make check payable to Florida Department of State				
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	5						-	6
			10.				Departn	nent of Stat	e
After May	MANAGING MEMBE		10. TITLE			Florida	Departn	nent of Stat	Addition
9. TITLE NAME	MANAGING MEMBE MGR PECKHAM, GEOFFREY	ERS/MANAGERS	TITLE NAME			Florida	Departn	nent of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR PECKHAM, GEOFFREY 6529 SOUTHERN BOULEVARD	RS/MANAGERS Delete	TITLE NAME STREET ADI	l l		Florida	Departn	nent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR PECKHAM, GEOFFREY	RS/MANAGERS Delete	TITLE NAME STREET ADI CITY-ST-ZI	l l		Florida	Departn	Change	☐ Addition
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11. I hereby certify that the information supplied with this filling loss 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 received of true tee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE