FILED
Jun 13, 2007 8:00 am
Secretary of State
05-14-2007 90365 015 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009288

1. Entity Name
IDEAL INDUSTRIAL PROPERTIES, L.L.C.

30010699

Principal Place of Business	Mailing Address
PMB #187, 2545 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304	PMB #187, 2545 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

04272007No Chg-LLC CR2E083 (11/05)

4. FEI Number
47-5341146
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEVERNS, GARY
2545 E. SUNRISE BLVD. #187
FORT LAUDERDALE, FL 33304

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEVERNS, GARY
STREET ADDRESS	P.M.B. 187, 2545 E. SUNRISE BLVD.
CITY-ST-ZIP	FT.LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	Prepared By: J.L. Swanson, Chtd.
STREET ADDRESS	Certified Public Accountants
CITY-ST-ZIP	Mankato, MN
TITLE	EIN: 41-1837972
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Managing Member, Gary Severns

SIGNATURE: Gary Severns 6-11-07 (954) 564-2943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #