

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002709

Entity Name: ISCO INDUSTRIES, LLC

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

460 FIFE ROAD
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4545
LOUISVILLE, KY 40204

New Mailing Address:

FEI Number: 61-0600157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIRCHDORFER, JAMES J JR
Address: 306 CORALBERRY ROAD
City-St-Zip: LOUISVILLE, KY 40207

Title: MGRM () Delete
Name: KIRCHDORFER, MARK
Address: 310 CORALBERRY ROAD
City-St-Zip: LOUISVILLE, KY 40207

Title: MGRM () Delete
Name: KIRCHDORFER, JAMES J SR
Address: 435 KNIGHTSBRIDGE RD
City-St-Zip: LOUISVILLE, KY 40206

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KIRCHDORFER, JAMES J SR
Address: 435 KNIGHTSBRIDGE RD
City-St-Zip: LOUISVILLE, KY 40206

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES KIRCHDORFER JR.

MGMR

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date