


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90119 008 ***138.75

DOCUMENT # M02000001147	
1. Entity Name GAIN DEVELOP INDUSTRIAL, L.L.C.	

Principal Place of Business 4190 TELEGRAPH ROAD SUITE 3000 BLOOMFIELD HILLS, MI 48302-2082	Mailing Address 407 WEST STREET BUILDING B NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE

60006119



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-6851227	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SPARTA, DENISE A
SAUNDRY ASSOCIATES, INC.
407 WEST STREET, BUILDING B
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDRY ASSOCIATES, INC. 8340 BIG ACORN CIRCLE, #1001 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 West St Bldg B Naples, FL 34108
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IN THIS SPACE**

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: Denise A Sparta 1-22-08 239-254-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #