


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90028 034 \*\*\*\*55.00

<b>DOCUMENT # M03000001184</b> 1. Entity Name <b>NILES INDUSTRIAL, LLC</b>					
Principal Place of Business <b>G3080 N. CENTER ROD FLINT, MI 48506</b>			Mailing Address <b>G3080 N. CENTER ROD FLINT, MI 48506</b>		
2. Principal Place of Business <b>G3080 N. Center Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>G3080 N. Center Road</b> Suite, Apt. #, etc.			
City & State <b>FLINT MI</b>		City & State <b>FLINT MI</b>		4. FEI Number <b>75-3088941</b>	
Zip <b>48506</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent 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>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NILES, RYAN G3080 N. CENTER ROD FLINT, MI 48506</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO NILES, DAN A G-3080 N CENTER ROAD FLINT, MI 48506</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <i>Ryan Niles</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>RYAN NILES</b> <small>Date</small> <b>2/23/05</b> <small>Daytime Phone #</small> <b>810-736-0950</b>		