



FILED
Mar 30, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000001184			
1. Entity Name NILES INDUSTRIAL, LLC			
Principal Place of Business G3080 NORTH CENTER ROAD FLINT, MI 48506 US		Mailing Address G3080 NORTH CENTER ROAD FLINT, MI 48506 US	
DO NOT WRITE IN THIS SPACE			
		02222006No Chg-LLC CR2E093 (11/05)	
		4. FEI Number 75-3088941	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
G T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM		
NAME	NILES, RYAN		
STREET ADDRESS	G3080 N. CENTER ROD		
CITY-ST-ZIP	FLINT, MI 48506		
TITLE	CEO		
NAME	NILES, DAN A		
STREET ADDRESS	G-3080 N CENTER ROAD		
CITY-ST-ZIP	FLINT, MI 48506		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 808, Florida Statutes.			
SIGNATURE: 		3/27/06 810-640-2922	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	