2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90218 006 ****50.00

1. Entity Nam	MENT # M03000001 NDUSTRIAL VENTURE A, I	,	-			04-09-2004	1 90218 0	06 ****5	0.00	
Principal Plac	ce of Business	Mailing Address					. 2003	CPOS		
103 FOULK ROAD, SUITE 205-11 C/O GLOBAL SECURITIZATION SERVICES WILMINGTON, DE 19803		103 FOULK ROAD, SUITE 205-11 C/O GLOBAL SECURITIZATION SERVICES WILMINGTON, DE 19803							: 	
	Place of Business	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			0322200		CR2E0	83 (10/03)		_
City & State		City & State		4. FEI Nur APPL	nber IED FOR 02-0	694060		pplied For ot Applicable		
Zip	Country	Zip	Coun	itry		ate of Status Desired	<u> </u>	\$5.00 Add Fee Require	litional d	
	6. Name and Address of Current	Registered Agent		N1	7. Name a	nd Address of New	Registered A	Agent		-
$C + C \cap PP$	ODATION SVSTEM			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Ad	dress (P.O. Box Nu	mber is Not Acceptab	le)			
				City			FL	Zip Cod	e	
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing i	ts register	ed office or	registered agent, or	both, in the State of F	lorida. I am t	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TE: Registere	d Agent signatur	e required when reinstating		DATE			
	Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State			í	
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9.	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE	RS/MANAGERS	10.	-		Florid		ent of State	9	
1955 D	MANAGING MEMBE	RS/MANAGERS	10. TITLE		Secretary	Florid	la Departm	ent of State	e 	
9. TITLE NAME	MANAGING MEMBE MGR WEAVER, DANIEL S	☐ Delete	TITLE	E	Secretary Susan E.	Florid	la Departm	ent of State		
9. TITLE	MANAGING MEMBE	☐ Delete	TITLE NAM STRE	I	Susan E.	ADDITIONS	la Departm	ent of State	Addition	
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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: WHAT TY COUNTY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Susan E. McClintock, Marcht23; 2004

312-266-9300

Daytime Phone #