2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# M07000007517

Entity Name: LEDBETTER INDUSTRIAL, LLC

Current Principal Place of Business:

17575 PLANT RD
CHILDERSBURG, AL 35044

New Principal Place of Business:

1001 1ST STREET NW
CHILDERSBURG, AL 35044

Current Mailing Address:

P. O. BOX 389
CHILDERSBURG, AL 35044

New Mailing Address:

FEI Number: 20-5293219 **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: LEDBETTER, ROY W
Address: PO BOX 389
City-St-Zip: CHILDERSBURG, AL 35044

Title: MGRM ( ) Delete
Name: PARIS, W. SHAY
Address: PO BOX 389
City-St-Zip: CHILDERSBURG, AL 35044

Title: MGRM ( ) Delete
Name: WHATLEY, JAMES H JR
Address: PO BOX 389
City-St-Zip: CHILDERSBURG, AL 35044

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: WHATLEY, JAMES H
Address: PO BOX 389
City-St-Zip: CHILDERSBURG, AL 35044

I hereby certify that the information supplied with this filing does not qualify 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: ROY W. LEDBETTER MGRM 01/16/2009

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