## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 28, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # M98000001 USTRIAL LLC	337		Secretary of State	
1818 MARKI	e of Business ET STREEY IIA, PA 19103	Mailing Address 1818 MARKET STREET PHILADELPHIA, PA 19103			
DO NOT WRITE IN THIS SPA			CE	03182005 No Chg-LLC CR2E083 (10/03)  4. FEI Number	
6. Name and Address of Current Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renatating)  DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBER	IS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UCCIFERRO, JOSEPH J 1818 MARKET STREET PHILADELPHIA, PA 19103			U00000278373 03/28/05-80023-017 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME	!				

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/05

215-299-2281