2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022400

1. Entity Name
2040 INDIAN ROAD, LLC

Principal Place of Business	Mailing Address
3112 45TH STREET WEST PALM BEACH, FL 33407	3112 45TH STREET WEST PALM BEACH, FL 33407

06062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0721264
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WAKEM, JAMES W II
3112 45TH STREET
WEST PALM BEACH, FL 33407

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

U00000369361
06/10/05-80004-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WAKEM, JAMES W II
STREET ADDRESS	855 COUNTRY CLUB DR
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: James W. Wakem II 06/06/05 (561) 683-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #