

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/1/2004-90089-029-\$50.00-\$50.00 *
9/15/2004-90052-016-\$50.00-\$50.00

04 OCT -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE CR2E083 (4/04)

10/5

DOCUMENT # L03000034443		
1. Entry Name 340 W HIGH DR, LLC		
Principal Place of Business 5300 SOUTH FLORIDA AVE, SUITE E-2 LAKELAND FL 33813		Mailing Address P.O. BOX 5378 LAKELAND FL 33807
2. Principal Place of Business <i>Suite 351,</i> Suite, Apt. #, etc. 225 EAST LEMON ST.	3. Mailing Address P.O. BOX 2808 Suite, Apt. #, etc. LAKELAND, FLA	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State LAKELAND, FLA.	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip 33801	Country USA	6. Name and Address of Current Registered Agent
Zip 33806-2808	Country USA	7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent WENDEL, JOHN F C/O WENDEL, WENDEL & CHRITTON, CHARTERED 5300 SOUTH FLORIDA AVE LAKELAND FL 33813 <i>ADDRESS CHANGE ONLY,</i>		7. Name and Address of New Registered Agent <i>NO CHANGE OF REGISTERED AGENT.</i> Street Address (P.O. Box Number is Not Acceptable) SUITE 351 225 EAST LEMON ST. City LAKELAND FL Zip Code 33801	
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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: *John F. Wendel* DATE: *8/26/03*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENDEL, JOHN F P.O. BOX 5378 LAKELAND FL 33807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRITTON, CHARLES P P.O. BOX 5378 LAKELAND FL 33807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John F. Wendel* DATE: *8/26/03* 888/603-7730