

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90004 036 ****55.00

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DOCUMENT # L05000049428			
1. Entity Name 5340 FEDERAL, LLC			
Principal Place of Business 4700 NW BOCA RATON BOULEVARD STE 104 BOCA RATON, FL 33431-4860		Mailing Address 4700 NW BOCA RATON BOULEVARD STE 104 BOCA RATON, FL 33431-4860	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOSKIN, SIDNEY M 4700 NW BOCA RATON BOULEVARD STE 104 BOCA RATON, FL 33431-4860		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	moskin, Sidney m 4700 NW Boca Raton Blvd. Suite 101 Boca Raton, FL 33431-4860	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 1/18/06	Daytime Phone #: 561-715-9280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #