

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90817 018 \*\*\*\*50.00

DOCUMENT # L01000022400

1. Entity Name

2040 INDIAN ROAD, LLC

**DO NOT WRITE IN THIS SPACE**

900652

|  |                |  |                |
|--|----------------|--|----------------|
| 2. Principal Place of Business<br>3112 45th ST.<br>Suite, Apt. #, etc. |                | 3. Mailing Address<br>3112 45th ST.<br>Suite, Apt. #, etc. |                |
| City & State<br>WEST PALM BEACH, FL                                    |                | City & State<br>WEST PALM BEACH, FL                        |                |
| Zip<br>33407   | Country<br>USA | Zip<br>33407   | Country<br>USA |

DO NOT WRITE IN THIS SPACE

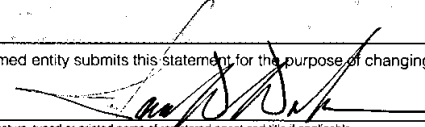
01-0721264

|  |  |
|--|--|
| 4. FEI Number<br>APPLIED FOR   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

**DO NOT WRITE  
IN THIS SPACE**

|  |                    |
|--|--------------------|
| 7. Name and Address of Current Registered Agent    |                    |
| Name   | JAMES W. WAKEM II  |
| Street Address (P.O. Box Number is Not Acceptable) | 3112 45th ST.      |
| City   | WEST PALM BEACH FL |
| Zip Code   | 33407              |


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.

SIGNATURE  JAMES W. WAKEM II DATE 06/19/02

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

| 9. MANAGING MEMBERS/MANAGERS                   |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MANAGER</del><br>JAMES W. WAKEM II<br>855 COUNTRY CLUB DR.<br>NO. PALM BEACH, FL 33408 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CO-MANAGER<br>WALLACE S. WAKEM<br>3112 45th ST.<br>WEST PALM BEACH, FL 33407                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 DATE 06/19/02 501-683-0191

CR2E089B (12/01)