CLIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90817 018 ****50.00

L01000022400 DOCUMENT #

SIGNATURE: X
SIGNATURE and TYPED OR PRINTED

2040 INDIAN ROAD, LLC

DO NOT WRITE IN THIS SPACE				968652		
	Place of Business	3. Mailing Address	75746			
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	50 ST.			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE I		
City & State				4. FEI Number	Applied For	
WEGG PALLA BEACH TO WELL PALL				ATTHE TO	Not Applicable	
Zip 33407 Country Zip 38407 C			Country : USA	5. Certificate of Status Desired S5.00 Additional Fee Required		
				7. Name and Address of Current Registered Agent		
	DO NOT WI	RITE	Name	LAMES W. WAKEM II		
	and an arrangement of the contract of the cont	<u>and a first or one are a secretarion of the contract of the c</u>	Street Address (Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						
		· · · · · · · · · · · · · · · · · · ·	City Wast	Polm BEACH	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.						
SIGNATURE A Signature, typed or printed name of registered agent and till of applicable.						
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS						
9. TITLE	MANAGING MEMBER		***			
NAME	JAMES W. W	TITLE NAME				
STREET ADDRESS	855 COUNTRY		STREET ADDRESS		(1)	
CITY-ST-ZIP	NO. PALM BER		CITY-ST-ZIP		CRZE083B	
TITLE		MAGGE.	TITLE		250	
NAME		WAKER	NAME		(8)	
STREET ADDRESS	3112 450	ST.	STREET ADDRESS		1	
CITY-ST-ZIP	WEST DOLIN	BEACH, Ph. 3340	CITY-ST-ZIP	* *		
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE			
NAME			NAME	P.	1	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE .	*		TITLE		1	
NAME CENTER ADDRESS			NAME			
STREET ADDRESS *CITY-ST-ZIP		/	STREET ADDRESS CITY-ST-ZIP	4		
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11. I hereby certify that the information supplied with this filing does not qualify in 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 trusted am powered to execute this report as required by Chapter 608, Florida Statutes.						