

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002728

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: CHANNING 40, LLC

**Current Principal Place of Business:**

5520 PGA BLVD., SUITE 200  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5520 PGA BLVD., SUITE 200  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 26-0052970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANNING, JON H  
552 PGA BLVD, #200  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: CHANNING, JOEL B  
Address: 5520 PGA BLVD #200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V ( ) Delete  
Name: CHANNING, JON H  
Address: 5520 PGA BLVD #200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHANNING, JOEL B  
Address: 5520 PGA BLVD #200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Change ( ) Addition  
Name: CHANNING, JON H  
Address: 5520 PGA BLVD #200  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JON H CHANNING

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date