


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

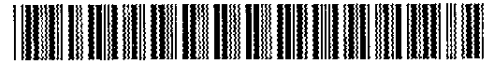
**DOCUMENT # L02000005919**

1. Entity Name  
 40 S.E. 7TH, L.L.C.



Principal Place of Business 399 W. PALMETTO PARK ROAD, #106 BOCA RATON, FL 33432	Mailing Address 399 W. PALMETTO PARK ROAD, #106 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0642105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, BENJAMIN S JR.  
 399 W. PALMETTO PARK ROAD, #106  
 BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

000000123358  
 04/22/04-80001-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KENNEDY, BEN S JR 399 W. PALMETTO PARK ROAD, #106 BOCA RATON, FL 33432
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ben S Kennedy 4/20/04 561-750-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #