


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-14-2004 90602 001 ***350.00

| | |
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| DOCUMENT # L03000008248 |  |
| 1. Entity Name 6861 140TH LANE, LLC | |

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| Principal Place of Business 11891 U.S. HIGHWAY ONE, SUITE 405 NORTH PALM BEACH, FL 33408 | Mailing Address 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 |
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| 2. Principal Place of Business 11891 U.S. Hwy One Suite, Apt. #, etc. Ste: 100 City & State North Palm Beach, FL Zip 33418 Country U.S. | 3. Mailing Address 11891 U.S. Hwy One Suite, Apt. #, etc. Ste: 100 City & State North Palm Beach, FL Zip 33418 Country US |
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04132004 Chg-LLC CR2E083 (10/03)

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

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| 6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 | |
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| 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, DONALD R 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, CYNTHIA A 11891 U.S. HIGHWAY ONE, SUITE 105 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Donald R. Smith Donald R. Smith 4-29-04 561-622-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #