

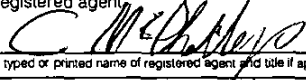
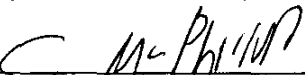


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90023 025 ****55.00

DOCUMENT # L04000046094					
1. Entity Name 340SM, LLC					
Principal Place of Business 1575 WORLEY AVE MERRITT ISLAND, FL 32931 US			Mailing Address 1575 WORLEY AVE MERRITT ISLAND, FL 32931 US		
2. Principal Place of Business 520 S. Banana River Dr. Suite, Apt. #, etc.		3. Mailing Address 520 S. Banana River Dr. Suite, Apt. #, etc.			
City & State Merritt Island, FL Zip 32952 Country US		City & State Merritt Island, FL Zip 32952 Country US		4. FEI Number 51-0527801	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCPHILLIPS, CHERYL A 1575 WORLEY AVE MERRITT ISLAND, FL 32952					
7. Name and Address of New Registered Agent Name Cheryl A. McPhillips Street Address (P.O. Box Number is Not Acceptable) 520 S. Banana River Dr. City Merritt Island FL Zip Code 32952					
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHILLIPS, MICHAEL 1575 WORLEY AVE. MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHILLIPS, CHERYL A 1575 WORLEY AVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, STEVE 5505 N. ATLANTIC AVE., #204 MERRITT ISLAND, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, STEVE 5505 N. ATLANTIC AVE., #204 MERRITT ISLAND, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, STEVE 5505 N. ATLANTIC AVE., #204 MERRITT ISLAND, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, STEVE 5505 N. ATLANTIC AVE., #204 MERRITT ISLAND, FL 32931	<input type="checkbox"/> Delete	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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					