

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90015 012 \*\*\*\*55.00

**DOCUMENT # L04000046094**

1. Entity Name  
**340M, LLC**



Principal Place of Business  
**520 S BANANA RIVER DR**  
**MERRITT ISLAND, FL 32931 US**

Mailing Address  
**520 S BANANA RIVER DR**  
**MERRITT ISLAND, FL 32931 US**

2. Principal Place of Business  
**540 S. Banana River Dr.**

3. Mailing Address  
**540 S. Banana River Dr.**

Suite, Apt. #, etc.  
**# 106**

City & State  
**Merritt Island, FL**

Zip  
**32952**

Country  
**U.S.A**



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**51-0527801**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCPHILLIPS, CHERYL A**  
**520 S BANANA RIVER DR**  
**MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name  
**Michael McPhillips**

Street Address (P.O. Box Number is Not Acceptable)  
**540 S. Banana River Dr.**

Suite, Apt. #, etc.  
**# 106**

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 *Michael McPhillips* DATE 4/27/06

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, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

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	MGRM MCPHILLIPS, CHERYL A 1575 WORLEY AVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete
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"/> 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

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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael McPhillips* DATE 4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE