


**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

20040314

<b>DOCUMENT # L04000070212</b>		<b>Secretary of State</b> 04-22-2005 90046 039 ****55.00	
1. Entity Name <b>1940 HARRISON, LLC</b>			
Principal Place of Business <b>102 NORTH SWINTON AVENUE C/O ROBERT MARC SCHWARTZ DELRAY BEACH, FL 33444-2634</b>		Mailing Address <b>102 NORTH SWINTON AVENUE C/O ROBERT MARC SCHWARTZ DELRAY BEACH, FL 33444-2634</b>	
2. Principal Place of Business <b>4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860</b>		3. Mailing Address <b>4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860</b>	
4. FEI Number <b>20-1820115</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		04112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>MOSKIN, SIDNEY M 23408 MIRABELLA CIRCLE SO. BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent <b>Sidney M. Moskin 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860</b>	
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.		9. Filing Fee is \$50.00 Due by May 1, 2005	
SIGNATURE _____		DATE _____	
10. MANAGING MEMBERS/MANAGERS		11. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
12. 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.		13. SIGNATURE _____ 4/15/05 561-715-9280	