

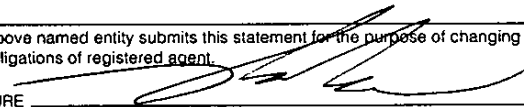
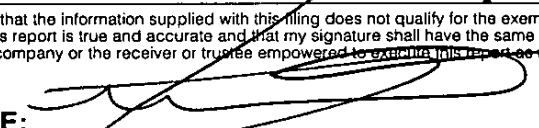


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2005 90024 001 ****50.00

DOCUMENT # L04000077978 1. Entity Name INDIANTOWN ROAD 940, LLC					
Principal Place of Business 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334				Mailing Address 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 2101 W. Commercial Blvd Suite, Apt. #, etc. Suite 2800		3. Mailing Address 2101 W. Commercial Blvd Suite, Apt. #, etc. Suite 2800			
City & State FORT LAUDERDALE FL		City & State Fort Lauderdale, FL		4. FEI Number 04252005 Chg-LLC CR2E083 (10/03)	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Robert S. Forman Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd., Suite 2800 City Fort Lauderdale FL Zip Code 33309	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Robert S. Forman </div> <div style="width: 30%; text-align: right;"> 4/25/05 <small>DATE</small> </div> </div>					
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 <input type="checkbox"/> Delete SHIMM, KENNETH L 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 W. Commercial Blvd, Suite 2800 Fort Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/25/05 (954) 492-1980 <small>Date Daytime Phone #</small>	

Kenneth L. Shimm, Managing Member