

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90025 019 ****50.00

DOCUMENT # L04000077978

1. Entity Name
INDIANTOWN ROAD 940, LLC



Principal Place of Business
2101 WEST COMMERCIAL BOULEVARD
SUITE 2800
FORT LAUDERDALE, FL 33309 US

Mailing Address
2101 WEST COMMERCIAL BOULEVARD
SUITE 2800
FORT LAUDERDALE, FL 33309 US



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BOULEVARD
SUITE 2800
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHIMM, KENNETH L
STREET ADDRESS	2101 WEST COMMERCIAL BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #