

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082850

Entity Name: N140KM, LLC

FILED  
Mar 28, 2008  
Secretary of State

## Current Principal Place of Business:

1140 SPINNER LANE  
SANFORD, FL 32773

## New Principal Place of Business:

4140 CENTER LINE LANE  
SANFORD, FL 32773

## Current Mailing Address:

1140 SPINNER LANE  
SANFORD, FL 32773

## New Mailing Address:

4140 CENTER LINE LANE  
SANFORD, FL 32773

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRESE, GARY B  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SWAIN, LINDA  
Address: 1140 SPINNER LANE  
City-St-Zip: SANFORD, FL 32773

Title: MGRM ( ) Delete  
Name: SWAIN, DONALD  
Address: 1140 SPINNER LANE  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SWAIN, LINDA  
Address: 4140 CENTER LINE LANE  
City-St-Zip: SANFORD, FL 32773

Title: MGRM (X) Change ( ) Addition  
Name: SWAIN, DONALD  
Address: 4140 CENTER LINE LANE  
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD SWAIN

MGRM

03/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date