

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005909

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: E B AIRFOILS, LLC

**Current Principal Place of Business:**

3511 SW DEGGEUER CONST  
PALM CITY, FL 34990

**New Principal Place of Business:**

3591 SW DEGGELLER CT  
PALM CITY, FL 34990

**Current Mailing Address:**

3511 SW DEGGEUER CONST  
PALM CITY, FL 34990

**New Mailing Address:**

3591 SW DEGGELLER CT  
PALM CITY, FL 34990

FEI Number: 65-1019199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRECHBILL, MARK E CPA  
506 S FEDERAL HWY  
SUITE 202  
STUART, FL 34994 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ANSAN CAPITAL LLC,  
Address: 4349 SW PORT WAY  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: BICKEL, JAMES B  
Address: 13078 COASTAL CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: BICKEL, MATTHEW M  
Address: 13042 COSTAL CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANSUN CAPITAL LLC,  
Address: 3591 SW DEGGELLER CT  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW M BICKEL

MGR

04/08/2004

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