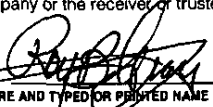


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 017 ****50.00

DOCUMENT # L02000032164					
1. Entity Name E.D.B ENTERPRISES, L.L.C.					
Principal Place of Business 3092 SW 165TH AVENUE MIRAMAR, FL 33027-5242			Mailing Address 3092 SW 165TH AVENUE MIRAMAR, FL 33027-5242		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0157417 APPLIED FOR	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BORTOLIN, SONIA M ESQ. 524 S. ANDREWS AVE., SUITE 101N FORT LAUDERDALE, FL 33301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'LIMA, BERENICE		NAME		
STREET ADDRESS	2844 SW 165 AVE		STREET ADDRESS	3092 S.W.165 Avenue	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCHESNEY, DAVID		NAME		
STREET ADDRESS	2844 SW 165 AVE		STREET ADDRESS	3092 SW 165 Avenue	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCHESNEY, ELYNOR		NAME		
STREET ADDRESS	2844 SW 165 AVE		STREET ADDRESS	3092 SW 165 Avenue	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Roy B. Gray, Representative		05/12/04 (954) 442-1237	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					