

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007074

Entity Name: EE&G HOLDINGS, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

14505 COMMERCE WAY
SUITE 400
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14505 COMMERCE WAY
SUITE 400
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 86-1106598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE, 28TH FLOOR
MIAMI, FL 33131 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: MGR () Delete
Name: GIPE, TIMOTHY R
Address: 14505 COMMERCE WAY, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: WALRAD, EDWIN
Address: 14505 COMMERCE WAY, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR () Change (X) Addition
Name: EVANS, CHARLES C
Address: 14505 COMMERCE WAY, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY GIPE

MGR

04/11/2006

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