

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 032 ***150.00

DOCUMENT # L05000119189			
1. Entity Name EILAT HOLDINGS, L.L.C.			
Principal Place of Business C/O JOSHUA GERSTIN 1499 W. PALMETTO PRK RD SUITE 412 BOCA RATON, FL 33486		Mailing Address C/O JOSHUA GERSTIN 1499 W. PALMETTO PRK RD SUITE 412 BOCA RATON, FL 33486	
2. Principal Place of Business 6853 Sw 18th St. Suite, Apt. #, etc.		3. Mailing Address 6853 Sw 18th St. Suite, Apt. #, etc.	
City/State Boca Raton, FL		City/State Boca Raton, FL	
Zip 33433		Country USA	
4. FEI Number		04252006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSTIN, JOSHUA 1499 W. PALMETTO PARK RD. SUITE 412 BOCA RATON, FL FL 33486 Boca 33486		7. Name and Address of New Registered Agent 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 		DATE 4/22/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETSCHKE, LAUREN C/O JOSHUA GERSTIN 1499 W. PALMETTO PRK RD # 412 BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lauren Petschke 6853 Sw 18th St. Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 4/27/06 561 809 2829	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	