

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90083 012 \*\*\*138.75

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DOCUMENT # L07000006632			
1. Entity Name EIGACCOUNTINGSERVICES, LLC			
Principal Place of Business C/O ERGO I GONZALEZ 15292 SW 106 LANE, UNIT 701 MIAMI, FL 33196		Mailing Address C/O ERGO I GONZALEZ 15292 SW 106 LANE, UNIT 701 MIAMI, FL 33196	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box - 835970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33283-5970	
03202008 Chg-LLC		CR2E083 (12/06)	
4. FEI Number 20-8294341		Applied For Not Applicable	
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	
GONZALEZ, ERGO I 15292 SW 106 LANE, UNIT 701 MIAMI, FL 33196 <i>15295 SW 106 Ln # 701 Miami, FL 33196</i>		Name: GONZALEZ, ERGO I, Street Address (P.O. Box Number is Not Acceptable) <i>15295 SW 106 Ln # 701</i> City: Miami, FL Zip Code: 33196	
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 <i>[Signature]</i>		DATE 3/20/2008	
SIGNATURE (typed or printed name of registered agent and title if applicable)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, ERGO I 15292 SW 106 LANE, UNIT 701 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERGO I. GONZALEZ 15295 SW 106 Ln # 701 Miami, FL 33196 <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
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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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
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: <i>[Signature]</i>		DATE: 3/20/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE Daytime Phone #	