


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-19-2004 90238 024 ***100.00

DOCUMENT # M0200000158

1. Entity Name
ECLECTICGLOBAL, LLC



Principal Place of Business
**55 PARK SQUARE COURT, SUITE 105A
 ROSWELL, GA, 30078**

Mailing Address
**3080 NORTHFIELD PLACE
 SUITE 114
 ROSWELL, GA, 30076**

34008574



2. Principal Place of Business
3080 Northfield Place
 Suite, Apt. #, etc.
Suite 114

3. Mailing Address
 Suite, Apt. #, etc.

01132004 Chg-LLC CR2E083 (10/03)

City & State
Roswell GA

City & State

Zip
30076

Country
Fulton

Zip

Country

4. FEI Number
65-1040596

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent
ST. LOUIS, ROLAND R JR
2333 PONCE DE LEON BOULEVARD
THE COLONNADE, SUITE 1108
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
J. PATRICK DANAHY
 Street Address (P.O. Box Number is Not Acceptable)
~~3080 Northfield Place Suite 114~~
 City
~~Roswell, GA 30076~~ **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 J. Patrick Danahy
Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
 Due by May 17, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, RICHARD 55 PARK SQUARE COURT #105 ROSWELL, GA 30075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANAHY, PATRICK 55 PARK SQUARE COURT #105 ROSWELL, GA 30075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3080 Northfield Place; Suite 114 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3080 Northfield Place; Suite 114 ROSWELL, GA 30076
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"/> Change <input type="checkbox"/> Addition
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 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: J. P. Danahy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/04 (770) 619-9105
Date Daytime Phone #