

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 24 AM 9:15

05-11-2005 90031 037 ****50.00

DOCUMENT # L02000025425			
1. Entity Name EBA POWER LINE COMMUNICATIONS, L.L.C.			
Principal Place of Business 210 N.E. 174TH STREET, SUITE 805 SUNNY ISLES BEACH, FL 33160		Mailing Address 210 N.E. 174TH STREET, SUITE 805 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZELASCHI, RICARDO S RUA OZNI JOAO VIEIRA 852, CAMPINAS SAN JOSE, ST. CATALINA, BRAZIL, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBA PLC International Ltd. PO Box 146 Road Town, Tortola, BVI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, JORGE RUA OZNI JOAO VIEIRA 852, CAMPINAS SAN JOSE, ST. CATALINA, BRAZIL, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHCOLNIK, JORGE 210 N.E. 174TH STREET, SUITE 905 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 600, Florida Statutes.			
SIGNATURE: _____		Date: 4/27/05	
SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		305-789-5367	

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