

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000045543

1. Entity Name

EBS MASSACHUSETTS HOLDINGS, L.L.C.



Principal Place of Business

3881 EAST LAKE ESTATES DRIVE  
C/O BENHAM BIRGANI  
DAVIE, FL 33328

Mailing Address

3881 EAST LAKE ESTATES DRIVE  
C/O BENHAM BIRGANI  
DAVIE, FL 33328



01172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3200745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BIRGANI, BENHAM  
STREET ADDRESS 3881 EAST LAKE ESTATES DRIVE  
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGR  
NAME BIRGANI, MARIA M  
STREET ADDRESS 3881 EAST LAKE ESTATES DRIVE  
CITY-ST-ZIP DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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CITY-ST-ZIP

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05/24/07-80054-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #