
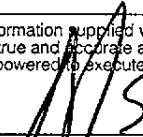


FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000071				Secretary of State	
1. Entity Name EASEE, LTD.					
Principal Place of Business 1002 EAST NEWPORT CENTER DRIVE STE. 100 DEERFIELD BEACH, FL 33442		Mailing Address 1002 EAST NEWPORT CENTER DRIVE STE. 100 DEERFIELD BEACH, FL 33442			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1867931	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STALLONE, ANDREW 1002 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	PBC, LLC 1002 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442		STREET ADDRESS		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 		ANDREW STALLONE 4/17/05 561 978-8000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			