


Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>7-70939</i>	
1. Entity Name EBERHARDT PROPERTIES, INC.	

**APPROVED
AND
FILED**

04 DEC 28 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11380 Prosperity Farms Road Suite, Apt. #, etc. Suite 201 City & State Palm Beach Gardens, FL Zip 33410 Country USA	3. Mailing Address 11380 Prosperity Farms Road Suite, Apt. #, etc. Suite 201 City & State Palm Beach Gardens, FL Zip 33410 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2162800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name Andrew Helgesen, Esq. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road Suite 201 City Palm Beach Gardens FL Zip Code 33410
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	Eberhard Eberhardt	NAME	000043675460
STREET ADDRESS	c/o 11380 Prosperity Farms Road, #201	STREET ADDRESS	12/28/04--01049--003 **\$61.25
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Frank Schildberg	NAME	
STREET ADDRESS	c/o 11380 Prosperity Farms Road, #201	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied on this report 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 or supplement thereto is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or receiver-in-trust empowered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE: *E. Eberhardt* **E. Eberhardt** *11/18/04* **0049 4532 6556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)