

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000008546

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: EIMS, L.L.C.

## Current Principal Place of Business:

215 BAYTREE DRIVE, SUITE 2  
MELBOURNE, FL 32934

## New Principal Place of Business:

## Current Mailing Address:

215 BAYTREE DRIVE, SUITE 2  
MELBOURNE, FL 32934

## New Mailing Address:

P. O. BOX 410707  
MELBOURNE, FL 329410707

FEI Number: 59-3660299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD, SUITE 505  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: HANSEN, ROBERT R  
Address: 215 BAYTREE DRIVE, SUITE 2  
City-St-Zip: MELBOURNE, FL 32934

Title: MGR ( ) Delete  
Name: HANSEN, REGINA M  
Address: 215 BAYTREE DRIVE, SUITE 2  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HANSEN, ROBERT R  
Address: 701 OAK PARK DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: MGR (X) Change ( ) Addition  
Name: HANSEN, REGINA M  
Address: 701 OAK PARK DRIVE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT R. HANSEN

MGR

04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date