


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000011175 <b>1. Entity Name</b> EIBB, LLC	
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<b>Principal Place of Business</b> 5706 BENJAMIN CTR DRIVE STE #120 TAMPA, FL 33634	<b>Mailing Address</b> 13501 SW 128TH ST #204 MIAMI, FL 33186
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03172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1043197	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

CORPORATOIN COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI, FL 33131

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	WILSON, DAVID
<b>STREET ADDRESS</b>	13501 SW 128TH ST #204
<b>CITY-ST-ZIP</b>	MIAMI, FL
<b>TITLE</b>	MGRM
<b>NAME</b>	MCKILLOP, JAMES
<b>STREET ADDRESS</b>	615 CRESCENT EXECUTIVE CT #400
<b>CITY-ST-ZIP</b>	LAKE MARY, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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03/26/05-80032-009 50.00

**DO NOT WRITE  
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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)(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

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

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

Date

Daytime Phone #

*FUSTINO A. BESIL*

*CFO*

*3/17/05*