2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015427

1. Entity Name
EA MANAGEMENT I, LLC

Principal Place of Business	Mailing Address
880 CARILLON PKWY. ST. PETERSBURG, FL 33716	P.O. BOX 10520 ST. PETERSBURG, FL 33733-0520

04262005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2282201
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FABER, STEPHEN W
880 CARILLON PKWY.
ST. PETERSBURG, FL 33716

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

05/06/05-80046-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARIKH, ASHI S
STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	MGR
NAME	HILL, STEPHEN G
STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000364496
05/06/05-80046-006 50.00

U00000364700
05/06/05-80046-019 150.00

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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 608, Florida Statutes.

SIGNATURE: Stephen W. Faber Steve Faber 4/28/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

727 567 3800