

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000005094

1. Entity Name

EURO AGRA BUSINESSES, L.L.C.



Principal Place of Business

1860 OLD OKEECHOBEE ROAD, SUITE 508
WEST PALM BEACH, FL 33409

Mailing Address

1860 OLD OKEECHOBEE ROAD, SUITE 508
WEST PALM BEACH, FL 33409



03022006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1100174

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZGER, JOHN T ESQ.
250 AUSTRALIAN AVENUE SOUTH, SUITE 700
WEST PALM BEACH, FL 33402-2926

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALTAMONTE BAY HOLDINGS, INC.
STREET ADDRESS	1860 OLD OKEECHOBEE ROAD
CITY- ST- ZIP	WEST PALM BEACH, FL 33409
TITLE	MGR
NAME	LANG, MICHAEL R
STREET ADDRESS	1800 OLD OKEECHOBEE RD #508
CITY- ST- ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/06/06-80068-024 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael R Lang*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

17 April 06 561-684-2227
Date Daytime Phone #