

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90037 003 \*\*\*\*50.00

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DOCUMENT # L01000012340

1. Entity Name  
E & E HOLDINGS, LLC



Principal Place of Business  
C/O GLASS & BLUM  
585 STEWART AVE. #409  
GARDEN CITY, NY 11530

Mailing Address  
C/O GLASS & BLUM  
585 STEWART AVE. #409  
GARDEN CITY, NY 11530

E&E HOLDINGS, LLC  
2384 Orchard Crest  
Blvd.



DO NOT WRITE IN THIS SPACE

03162006 No Chg-LLC

CR2E063 (11/05):

4. FEI Number  
58-2640407

Applied For  
Not Applicable

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

manasquan  
NJ  
08736

## 6. Name and Address of Current Registered Agent

ROSS, DIANA C  
MICHAEL SALAZAR PA  
1001 S ANDREWS AVENUE STE 100  
FT LAUDERDALE, FL 33316

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]* Diana Ross

4/26/06

Filing Fee is \$50.00  
Due by May 1, 2006

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
TERASKIEWICZ, MARIA ELENA  
C/O GLASS & BLUM-585 STEWART AVE. #409  
GARDEN CITY, NY 11530

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
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CITY- ST- ZIP

DO NOT WRITE 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 606, Florida Statutes.

SIGNATURE

*[Signature]*

4/26/06 732 938 6600

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

Date

Daytime Phone #