2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000022643

EB MANAGEMENT 1, LLC

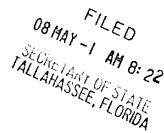


Principal Place of Business

880 CARILLON PKWY. ST. PETERSBURG, FL 33716 Mailing Address

P.O. BOX 10520

ST. PETERSBURG, FL 33733-0520





04072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	30-0000914

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	HILL, STEPHEN G			
STREET ADDRESS	880 CARILLON PKWY.			
CITY-ST-ZIP	ST. PETERSBURG, FL 33716			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-S1-ZIP				

300129218513 05/13/08--01028--010 **138.75

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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 linkted liability company or the preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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