
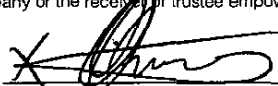


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90029 031 \*\*\*\*50.00

<b>DOCUMENT # L02000000300</b> 1. Entity Name EAPPLICATIONSYSTEMS.COM LLC					
Principal Place of Business 1500 SE 3RD COURT, STE. #111 DEERFIELD BEACH, FL 33441			Mailing Address 1500 SE 3RD COURT, STE. #111 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business 2150 NW 145TH AVE Suite, Apt. #, etc.		3. Mailing Address 2150 NW 145TH AVE Suite, Apt. #, etc.			
City & State Pembroke Pines Zip 33028		City & State Pembroke Pines Zip FL		4. FEI Number 26-0004981 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTEZUMA, FLAVIA 1500 SE 3RD COURT, STE. #111 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name MONTEZUMA, FLAVIA Street Address (P.O. Box Number is Not Acceptable) 2150 NW 145TH AVE City Pembroke Pines FL Zip Code 33028		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTEZUMA, FLAVIA 1500 SE 3RD COURT, STE. #111 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTEZUMA, FLAVIA 2150 NW 145TH AVE Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/7/04 (503) 5443404		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		