

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000006324

1. Entity Name  
EUNEV, LLC



Principal Place of Business  
945 WEST 15TH STREET  
RIVIERA BEACH, FL 33404

Mailing Address  
945 WEST 15TH STREET  
RIVIERA BEACH, FL 33404

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
59-2501788

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FITZGERALD, TAMRA  
326 MARLBERRY CIR.  
JUPITER, FL 33458

**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, 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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FITZGERALD, TAMRA  
326 MARLBERRY CIRCLE  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ALBANESE, MICHAEL  
712 NIGHTHAWK WAY  
NORTH PALM BEACH, FL

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

UN00000166739  
07/16/04-800003-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

7/14/04

(561)844-1778

Date

Daytime Phone #