


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90421 038 \*\*\*\*50.00

**DOCUMENT # L02000022105**

1. Entity Name  
**E.I.G. ADVERTISING, L.L.C.**



Principal Place of Business  
**2702 NORTH DALE MABRY HIGHWAY  
 TAMPA, FL 33607**

Mailing Address  
**2702 NORTH DALE MABRY HIGHWAY  
 TAMPA, FL 33607**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State  
 Zip Country

4. FEI Number  
**56-2350347**

Applied For  
 Not Applicable

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

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

**BOUTZOUKAS, MICHAEL E ESQ.  
 704 WEST BAY STREET  
 TAMPA, FL 33606**

**7. Name and Address of New Registered Agent**

Name **LEONG, DENNIS V**

Street Address (P.O. Box Number is Not Acceptable)  
**2702 N. DALE MABRY HWY**

City **TAMPA** FL Zip Code **33607**

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]* DATE **3-17-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	LEONG, DENNIS V	2702 NORTH DALE MABRY HIGHWAY	TAMPA, FL 33607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Chen, wen	2702 NORTH DALE MABRY HWY	TAMPA, FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]* DATE **3/17/04**

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