

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90066 040 ****50.00

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DOCUMENT # L02000032164 1. Entity Name E.D.B ENTERPRISES, L.L.C.					
Principal Place of Business 10822 NW 58TH ST MIAMI, FL 33176			Mailing Address 10822 NW 58TH ST MIAMI, FL 33176		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 30-0157417	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BORTOLIN, SONIA M ESQ. 524 S. ANDREWS AVE., SUITE 101N FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'LIMA, BERENICE 3092 S.W. 165 AVENUE MIRAMAR, FL 33027			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9871 N.W. 52ND LANE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCHESNEY, DAVID 3092 S.W. 165 AVENUE MIRAMAR, FL 33027			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10822 N.W. 58TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCHESNEY, ELYNOR 3092 S.W. 165 AVENUE MIRAMAR, FL 33027			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10822 N.W. 58TH STREET MIAMI, FL 33178
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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				ROY B. GRAY - REPRESENTATIVE Date: 07-12-05 (994) 476-0775 <small>Daytime Phone #</small>	