2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033048

1. Entity Name EIFFEL INVESTMENT GROUP AND ASSOCIATES LLC



FILED May 10, 2004 08:00 AM Secretary of State—

Principal Place of Business

Mailing Address

1118 EAST ATLANTIC AVENUE

1118 EAST ATLANTIC AVENUE

DELRAY BEACH, FL 33483 US

DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPACE

03012003 No Chg-LLC

CR2E083 (10/03)

4. FEt Number 41-2070739

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUPKE, MARK

1118 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483

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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 a gen t.	

SIGNATURE

Signature, typed or printed name of registered agent and atle if applicable

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUPKE, MARK MGR 1118 EAST ATLANTIC AVENUE, E-1 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 path, 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:

R. OR AUTHORIZED REPRESENTATIVE