

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90073 004 ****50.00

DOCUMENT # L03000011608

1. Entity Name
EBAN INTERNATIONAL LLC



Principal Place of Business
C/O KAY GREGORY
152 REEF ROAD
PALM BEACH, FL 33480

Mailing Address
C/O KAY GREGORY
152 REEF ROAD
PALM BEACH, FL 33480

20014797



2. Principal Place of Business

3. Mailing Address
c/o Kay Gregory

Suite, Apt. #, etc.

Suite, Apt. #, etc.
845 United Nations Plaza, 8B Apt.

01202005 Chg-LLC CR2E083 (10/03)

City & State

City & State
New York, NY

4. FEI Number

03-0520312

Applied For

Not Applicable

Zip

Country

Zip

10017-3519

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6.- Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EBAN INTERNATIONAL, LLC
152 REEF ROAD
PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Eban International, LLC
845 United Nations Plaza, Apt. 8B
New York, NY 10017-3519 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

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

1-21-2005

Date

212-807-0630

Daytime Phone #