


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000020618</b><br>1. Entity Name<br><b>EA BOONE, LLC</b> |  |
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|   |  |
|---|--|
| Principal Place of Business<br><b>1555 PALM BEACH LAKES BLVD., SUITE 1100<br/>WEST PALM BEACH, FL 33401</b> | Mailing Address<br><b>C/O FLORIDA MANAGEMENT COMPANY<br/>P.O. BOX 3267<br/>WEST PALM BEACH, FL 33402</b> |
|---|--|

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01052007 No Chg-LLC

CR2E083 (11/05)

|                                    |  |
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| 4. FEI Number<br><b>65-1199451</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |
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| 6. Name and Address of Current Registered Agent<br><br><b>ECCLESTONE, E. LLWYD<br/>1555 PALM BEACH LAKES BLVD., SUITE 1100<br/>WEST PALM BEACH, FL 33401</b> |
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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 agent.

|  |   |            |
|--|---|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reappointing) | DATE _____ |
|--|---|------------|

|   |   |
|---|---|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>U000000664666<br/>03/22/07-80053-017 55.00</b> |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BOONE OPERATING, LLC<br/>1555 PALM BEACH LAKES BLVD., SUITE 1100<br/>WEST PALM BEACH, FL 33401</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the report as required by Chapter 608, Florida Statutes.

|  |  |
|--|--|
| <b>SIGNATURE:</b>  <b>RON COOPER</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <b>EXECUTIVE VICE PRESIDENT</b><br><small>Date</small> <b>3/9/07</b><br><small>Daytime Phone #</small> |
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