


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90493 036 \*\*\*\*55.00

<b>DOCUMENT # L03000020627</b> 1. Entity Name <b>EA MORGANTOWN, LLC</b>					
Principal Place of Business <b>1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
			4. FEI Number      Chg-LLC      CR2E083 (10/03) <b>65-1199454</b>		
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MORGANTOWN OPERATING, LLC 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" 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	
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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 606, Florida Statutes.					
BY: <b>MORGANTOWN OPERATING LLC</b> <b>SIGNATURE: Ron Cooper, Vice President</b> <i>[Signature]</i> 4/1/04      561/686-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

**34004633**

