## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000024027

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

**E&E BARGE COMPANY, LLC** 

FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

350 SOUTH OCEAN BOULEVARD BERESFORD-7A BOCA RATON, FL 33432 Mailing Address

350 SOUTH OCEAN BOULEVARD BERESFORD-7A BOCA RATON, FL 33432



02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
56-2406319	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKSTEIN, RAY A 350 SOUTH OCEAN BOULEVARD BERESFORD-7A BOCA RATON, FL 33432

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8. The above the obligat	named entity submits this statement for the purpose of changing its re- ions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and a
SIGNATURE.		gistered Agent signature required when reinstating) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007	000000678837 04/03/07-80016-022 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKSTEIN, RAY A 350 SOUTH OCEAN BOULEVARD, BERESFORD-7A BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ray A. Eckstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u> 3-21-07</u>

Daytime Phone #