

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90035 038 \*\*\*\*50.00

**DOCUMENT # L03000024159**

1. Entity Name  
**EB CONSTRUCTION SERVICES, LLC**



Principal Place of Business  
**8545 NW 68 STR.  
MIAMI, FL 33166 US**

Mailing Address  
**C/O GJ HOLDING CORP  
8275 NW 80TH STREET  
MIAMI, FL 33166 US**



2. Principal Place of Business

3. Mailing Address  
**c/o HJ Holding Corp.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**8275 NW 80th Street**

02242006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
**Miami, FL 33166**

4. FEI Number  
**06-1700489**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, THOMAS O ESQUIRE  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 1000  
MIAMI, FL 33131**

Name **Richard E. Schatz**  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Stearns Weaver Miller Weissler Alhadeff**  
**150 West Flagler Street**  
City **Miami** FL Zip Code **33130**

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HICKEY, EDWIN W  
8275 NW 80TH STREET  
MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

**Edwin W. Hickey**

**2/24/06**

Date

**305-592-8181**

Daytime Phone #