

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90026 043 ****50.00

20038158



03082005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000027352 1. Entity Name EFFICIENT BUSINESS ENVIRONMENTS, LLC					
Principal Place of Business C/O STJ HOLDINGS LTD. 6530 WEST ROGERS CIRCLE, STE. #31 BOCA RATON, FL 33487			Mailing Address C/O STJ HOLDINGS LTD. 6530 WEST ROGERS CIRCLE, STE. #31 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0118114	
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		
HASNER, MARK M ESQ SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, STE. 2400 MIAMI, FL 33131			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 _____ (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 LEDER, SEAN M 6530 W. ROGERS CIRCLE #31 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STJ MANAGEMENT, INC. ITS MANAGER BY SEAN M LEADER 6530 W. ROGERS CIRCLE #31 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLOSBERG, MILES S #1-4890 PAINTED CLIFF ROAD WHISTLER, BC, CA v0n 1b4		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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: SEAN M LEADER			4/15/05 561995-7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		