

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90133 021 \*\*\*\*50.00

**DOCUMENT # L03000027404**

1. Entity Name  
**EE-BA, LLC**



Principal Place of Business  
**4000 N. FEDERAL HWY., STE. 206  
 BOCA RATON, FL 33431**

Mailing Address  
**4000 N. FEDERAL HWY., STE. 206  
 BOCA RATON, FL 33431**

**44052079**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1000 OMNI BLVD  
 Suite, Apt. #, etc.

07152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

20-1441084

Not Applicable

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

**MACLAREN, LINDA O  
 798 SOUTH FEDERAL HWY., STE. 100  
 BOCA RATON, FL 33432**

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

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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:**

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

*Handwritten signature*

*8/16/04 (757) 591-3519*

Date

Daytime Phone #