2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # L03000027404** 1. Entity Name EE-BA, LLC Principal Place of Business Mailing Address 4000 N. FEDERAL HWY., STE. 206 1000 OMNI BLVD. BOCA RATON, FL 33431 NEWPORT NEWS, VA 23606 03252005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1441084 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MACLAREN, LINDA O 798 SOUTH FEDERAL HWY., STE. 100 BOCA RATON, FL 33432 IN THIS SPACE 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 agont and title if applicable DATE U00000324741 Filing Fee is \$50.00 Due by May 1, 2005 04/22/05-80107-009 58.00 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE ECONOMOS, NICHOLAS NAME 4000 N FEDERAL HWY STE 206 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP JJILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 accurrate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to secule this report as required by Chapter 608, Florida Statutes.