
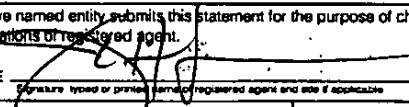
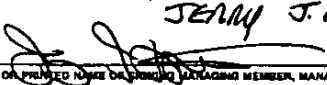


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90038 032 \*\*\*\*50.00

<b>DOCUMENT # L03000038829</b>			
1. Entity Name <b>EBER COVE, LLC</b>			
Principal Place of Business 432 S. BABCOCK ST. MELBOURNE, FL 32901		Mailing Address 432 S. BABCOCK ST. MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04152005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0295201		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRESE, GARY B 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32901		Name <b>JAMES H. FALLACE</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1400 S HICKORY ST</b>	
		<b>SUITE A</b>	
		City <b>MELBOURNE FL</b> Zip Code <b>32901</b>	
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 		DATE <b>5-11-05</b>	
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 PEZZEMINTI, JERRY JR. 432 S. BABCOCK ST. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, ALEXANDER 432 S. BABCOCK ST. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date <b>4/15/2005</b> 321-723-0651	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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