#### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L03000052422

1. Entity Name

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

E&A FINANCIAL SERVICES, L.C.



Principal Place of Business

Mailing Address

5211 INTERNATIONAL DRIVE C/O ESTEIN & ASSOCIATES USA, LTD. ORLANDO, FL 32819 5211 INTERNATIONAL DRIVE C/O ESTEIN & ASSOCIATES USA, LTD. ORLANDO, FL 32819

## FILED Feb 09, 2006 8:00 am Secretary of State

02-09-2006 90145 015 \*\*\*\*55.00

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01312006 No Chg-LLC CR2E083 (11/05)

4. FEI Number		Applied For		
<u>20-</u> 0473804		Not Applicable		
5. Certificate of Status Desired	(3)	\$5.00 Additional		

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE C/O ESTEIN & ASSOCIATES USA, LTD. ORLANDO, FL 32819

# DO NOT WRITE 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 agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
D	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR					
NAME	ESTEIN, LOTHAR					
STREET ADDRESS	5211 INTERNATIONAL DRIVE					
CITY-ST-ZIP	ORLANDO, FL 32819					
TITLE						
NAME						
STREET ADDRESS						

# DO NOT WRITE IN THIS SPACE

CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

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 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:	Lothar Estein	2/7/2006	(407) 354-3307	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #	_
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