


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90029 024 ***150.00

DOCUMENT # L03000053661					
1. Entity Name E3, LLC					
Principal Place of Business 2333 CYPRESS TREE CIRCLE WEST PALM BEACH, FL 33409			Mailing Address 2333 CYPRESS TREE CIRCLE WEST PALM BEACH, FL 33409		
2. Principal Place of Business 301 PINE STREET Suite, Apt. #, etc.		3. Mailing Address PO Box 4006 Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL Zip: 33407 Country: USA		City & State WEST PALM BEACH, FL Zip: 33402 Country: USA		4. FEI Number 20-0493720	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For: <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent 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: <i>Eddie Stephens</i> DATE: 4-8-04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE: MGR NAME: STEPHENS, EDDIE E III <input type="checkbox"/> Delete STREET ADDRESS: 2333 CYPRESS TREE CIRCLE CITY-ST-ZIP: WEST PALM BEACH, FL 33409	TITLE: MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STEPHENS, EDDIE E. III STREET ADDRESS: PO Box 4006 CITY-ST-ZIP: West Palm Beach FL 33402				
TITLE: ST NAME: STEPHENS, EDDIE E III <input type="checkbox"/> Delete STREET ADDRESS: 2333 CYPRESS TREE CIRCLE CITY-ST-ZIP: WEST PALM BEACH, FL 33409	TITLE: ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Stephens, Eddie E III STREET ADDRESS: PO Box 4006 CITY-ST-ZIP: West Palm Beach FL 33402				
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				
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: <i>Eddie Stephens</i>			4-8-04 561-689-0211		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		