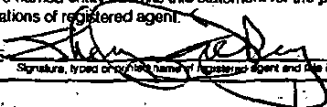
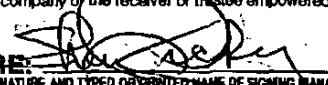


FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90032 043 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000000297			
1. Entity Name E.E.C. GROUP, L.L.C.			
Principal Place of Business 1120 NW 6TH STREET FT. LAUDERDALE, FL 33111		Mailing Address 1120 NW 6TH STREET FT. LAUDERDALE, FL 33111	
2. Principal Place of Business 1120 NW 6th Street, #B Suite, Apt. #, etc.		3. Mailing Address 1120 NW 6th Street, #B Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33311		Zip 33311	
Country USA		Country USA	
4. FEI Number 74-3120859		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKEY, SHERYL 1120 NW 6TH STREET FT. LAUDERDALE, FL 33111		7. Name and Address of New Registered Agent Name Sheryl A. Dickey Street Address (P.O. Box Number is Not Acceptable) 1120 NW 6th Street City Ft. Lauderdale FL Zip Code 33311	
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  Sheryl A. Dickey DATE 4/15/04 (NOTE: Registered Agent signature required when re-stating)			
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 NAME STREET ADDRESS CITY-ST-ZIP MGRM DICKEY, SHERYL 1120 NW 6TH STREET FT. LAUDERDALE, FL 33111 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Sheryl A. Dickey 1120 NW 6th St., #B Ft. Lauderdale, FL 33311 ☒ 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  Sheryl A. Dickey DATE 4/15/04 954-467-6822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			