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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.

34005620

Principal Place of Business	Mailing Address
1120 NW 6TH STREET FT. LAUDERDALE, FL 33111	1120 NW 6TH STREET FT. LAUDERDALE, FL 33111

04142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1120 NW 6th Street, #B (Suite, Apt. #, etc.)	~~1120 NW 6th Street, #B~~ (Suite, Apt. #, etc.)
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33311 Country: USA	Zip: 33311 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	7. Name and Address of New Registered Agent
DICKEY, SHERYL 1120 NW 6TH STREET FT. LAUDERDALE, FL 33111	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 MGRM (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 4/15/04

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 ☐ Delete DICKEY, SHERYL 1120 NW 6TH STREET FT. LAUDERDALE, FL 33111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Sheryl A. Dickey 1120 NW 6th St., #B Ft. Lauderdale, FL 33311
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 MGRM (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) 4/15/04 (Date) 954-467-6822 (Daytime Phone #)