

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90053 040 \*\*\*\*50.00

**DOCUMENT # L04000016018**

1. Entity Name  
EBY, L.L.C.



Principal Place of Business  
4000 N. FEDERAL HIGHWAY, STE. 206  
BOCA RATON, FL 33431

Mailing Address  
4000 N. FEDERAL HIGHWAY, STE. 206  
BOCA RATON, FL 33431

60051411



2. Principal Place of Business

3. Mailing Address  
1000 OMNI BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
NEWPORT NEWS, VA

4. FEI Number  
20-0784937

Applied For  
Not Applicable

Zip

Country

Zip  
23606

Country

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

MACLAREN, LINDA O  
798 SO. FEDERAL HIGHWAY, STE. 100  
BOCA RATON, FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ECONOMOS, NICHOLAS  
4000 N. FEDERAL HIGHWAY STE. 206  
BOCA RATON, FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NICK ECONOMOS 04/04/2006 (757) 591-3519

Date

Daytime Phone #