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08-10-2005 90047 006 \*\*\*\*50.00


L04000016473 FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -3 AM 10:10

### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000016473**

1. Entity Name  
**EEV, LLC**



Principal Place of Business      Mailing Address  
**3709 HOLIDAY ROAD**      **3709 HOLIDAY ROAD**  
**LAKE PARK, FL 33410**      **LAKE PARK, FL 33410**



2. Principal Place of Business      3. Mailing Address

Bldg., Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      County      Zip      County

**20066544**

07182005 Chg-LLC CR2E088 (10/03)

4. FEI Number **20-0835884**      Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PITTS, PATRICIA**  
**224 TIMBERWALK TRAIL**  
**JUPITER, FL 33458**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      NOTE: (New Registered Agent signature required when replacing)

Filing Fee is \$50.00 Due by September 7, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTS, PATRICIA 224 TIMBERWALK TRAIL JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(D), Florida Statute. 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 Statute.

SIGNATURE:  **8/8/05**