


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90024 004 \*\*\*\*50.00

**DOCUMENT # L04000036223**

1. Entity Name  
**EB PERFORMANCE, LLC**



Principal Place of Business      Mailing Address

**565 JEFFERSON DRIVE**      **565 JEFFERSON DRIVE**  
**#115**      **#115**  
**DEERFIELD BEACH, FL 33442 US**      **DEERFIELD BEACH, FL 33442 US**


2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

**40038097**



04082005    Chg-LLC    CR2E083 (10/03)

4. FEI Number  
**73-1705638**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FELDMAN, NATHAN L**  
**565 JEFFERSON DRIVE**  
**#115**  
**DEERFIELD BEACH, FL 33442**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**      **Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FELDMAN, NATHAN L	
STREET ADDRESS	565 JEFFERSON DRIVE, #115	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHAPIRO, DANIEL	
STREET ADDRESS	6845 WILLOW WOOD DRIVE, #3023	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RADSON-ADKIN, RENEE G	
STREET ADDRESS	6245 N.W. 77TH PLACE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPIRO, DANIEL	
STREET ADDRESS	940 Sweetwater Lane, #210	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:** Nathan L. Feldman      04-15-05 (954)-725-8393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #