

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036223

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: EB PERFORMANCE, LLC

**Current Principal Place of Business:**

565 JEFFERSON DRIVE  
#115  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

565 JEFFERSON DRIVE  
#115  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

FEI Number: 73-1705638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FELDMAN, NATHAN L  
Address: 565 JEFFERSON DRIVE, #115  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM ( ) Delete  
Name: SCHAPIRO, DANIEL  
Address: 940 SWEETWATER LANE, #210  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SCHAPIRO, DANIEL  
Address: 501 S.E. SECOND STREET, APT. #1425  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date