
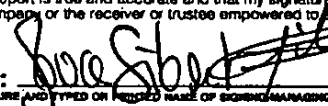
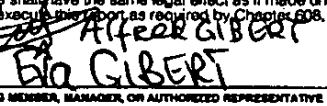


FILED  
Mar 14, 2005 8:00 am  
Secretary of State

02-11-2005 90139 019 \*\*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000037783			
1. Entity Name E.A.G. PROPERTIES, LLC			
Principal Place of Business 6230 NW 23RD STREET BOCA RATON, FL 33434		Mailing Address 6230 NW 23RD STREET BOCA RATON, FL 33434	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GIBERT, ALFRED L 6230 NW 23RD STREET BOCA RATON, FL 33434		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 renewing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT GIBERT ALFRED 6230 NW 23rd Street BOCA RATON FL 33434 <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	VICE PRESIDENT GIBERT EVA 6230 NW 23rd Street BOCA RATON FL 33434 <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
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
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:  		Date: 02-08-2005 54-4700571	



ATTACHMENT  
30001505

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 27, 2005

E.A.G. PROPERTIES, LLC  
6230 NW 23RD STREET  
BOCA RATON, FL 33434

Subject: E.A.G. PROPERTIES, LLC

Reference Number: L04000037783

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

'Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

100029126 02-24-05 7300 04 1001  
E.A.G. PROPERTIES LLC 098047  
6230 NW 23RD ST.  
BOCA RATON, FL 33434  
DATE 02.08.2005

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE \$ 50.00  
Fifty dollars DOLLARS

Washington Mutual  
Washington Mutual Bank, PA  
Boca Raton Town Centre Financial Center, 1761  
5950 Glades Road, Boca Raton, FL 33434  
1-800-758-7000  
24 hour Customer Service

MEMO DIVISION OF CORPORATIONS  
1: 26 7084 13 1: 09804 708 70 1: 0001 1: 0000000 5000 1: