

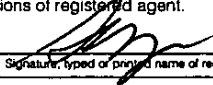
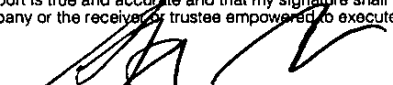


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90020 045 ****50.00

DOCUMENT # L04000040974 1. Entity Name EABC PARTNERS SPE, LLC																													
Principal Place of Business 2800 NE 24TH COURT FT. LAUDERDALE, FL 33305			Mailing Address 2800 NE 24TH COURT FT. LAUDERDALE, FL 33305																										
2. Principal Place of Business 2800 NE 26th Court Suite, Apt. #, etc.		3. Mailing Address 2800 NE 26th Court Suite, Apt. #, etc.																											
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 20-2267170																									
Zip 33306		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Steve Santolla as President of Street Address (P.O. Box Number is Not Acceptable) EABC Partners Managing Member, Inc. 2800 NE 26th Court City Ft. Lauderdale, FL Zip Code 33306																									
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. As President of EABC Partners Managing Member, Inc. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">EABC PARTNERS MANAGING MEMBER, INC.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2800 NE 24TH COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. LAUDERDALE, FL 33305</td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	EABC PARTNERS MANAGING MEMBER, INC.		STREET ADDRESS	2800 NE 24TH COURT		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">2800 NE 26th Court</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">Ft. Lauderdale, FL 33306</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2800 NE 26th Court		STREET ADDRESS	Ft. Lauderdale, FL 33306		CITY-ST-ZIP		
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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: 																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
<small>Date</small>																													
<small>Daytime Phone #</small>																													