2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000043758

1. Entity Name

EBE INTELLIFLEX - DANIELS PARKWAY GP, LLC



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487



01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1255183 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDER, SEAN M 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33487		IN THIS SPACE		
	named entity submits this statement for the purpose of chalions of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or pointed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstaling)	DATE	
F	Ning Fee is \$50.00 ue by May 1, 2006		U0000045656 03/16/06-80036-017 50.00	
9. TULE NAME SINLET ADDRESS CSTY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR STJ MANAGEMENT, INC 6530 W ROGERS CIRCLE, # 31 BOCA RATON, FL 33487			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AODRESS CITY-ST-ZIP		DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	IN THIS SPACE	
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and acquired 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 received or type tee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEAN M LEGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

661-996-7878

Date

Daytime Phone 9