


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 015 ***138.75

DOCUMENT # L04000043758	
1. Entity Name EBE INTELLIFLEX - DANIELS PARKWAY GP, LLC	

Principal Place of Business 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487	Mailing Address 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487
---	---

2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
Zip Country	Zip Country



02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1255183	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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	7. Name and Address of New Registered Agent Name Street Ad 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STJ MANAGEMENT, INC 6530 W ROGERS CIRCLE, # 31 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4755 Technology Way Ste. 202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boca Raton, FL 33431-3338
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
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 exemptions contained in Chapter 119, 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: Sean Leder 2/18/08 561-995-7878

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