## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058996

## FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90045 005 \*\*\*\*50.00

1. Entity Nam EBS CON		TION LLC								
Principal Place of Business			. Mailing Address							
1794 GIRVIN ROAD			1794 GIRVIN ROAD			20040296				
JACKSONVILLE, FL 32225 US		JACKSONVILLE, FL 32225 US			#UUZUM00					
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182005	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			4. FELNumbi	-14787	151	<del></del>	plied For at Applicable	
Zip	Zip Country .		Zip Coun		try	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered	Agent	
					Name					
SMITH, EDWIN B			<del> </del>		Stront Addrson	a (B.O. Boy Mumb	ar ia Nat Appentable			
1794 GIRVIN ROAD JACKSONVILLE, FL 32225			Street Addre		Street Address	s (P.O. BOX NUMB	er is Not Acceptable	")		
	VILLE, FL	. 32225								
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					City			FI	L Zip Cod	6
the obligat	ions of regist		or the purpose of changing it	s register	ed office or regist	stered agent, or bo	th, in the State of Flo	rida. Lam	n familiar with,	and accept
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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: Oya STATUS OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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