

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065928

Entity Name: EBB TIDE HOLDINGS, LLC

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

10 N. SUMMERLIN AVE., #16
ORLANDO, FL 32801

New Principal Place of Business:

4493 SOUTH ATLANTIC AVE.
UNIT 107
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

10 N. SUMMERLIN AVE., #16
ORLANDO, FL 32801

New Mailing Address:

1460 MIZELL AVENUE
WINTER PARK, FL 32789

FEI Number: 51-0542869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEPHART, PATRICK N
10 N. SUMMERLIN AVE., #16
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KEPHART, PATRICK N
1460 MIZELL AVENUE
WINTER PARK, FL 32789 US

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.

SIGNATURE: PATRICK N. KEPHART

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEPHART, PATRICK N
Address: 10 N. SUMMERLIN AVE., #16
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KEPHART, PATRICK N
Address: 1460 MIZELL AVENUE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PATRICK N. KEPHART

MGRM

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date