2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State DOCUMENT # L04000067302 04-08-2005 90277 015 ****50.00 EPHRAIM BARTOW, LLC

i									
Principal Place of Business		Mailing Address			20028	286			
4661 JOHNSON ROAD, SUITE 7 COCONUT CREEK, FL 33073		2155 E. GARVEY AVE. NORTH SUITE B-18 WEST COVINA, CA 91791				-			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252005	Chg-LLC	CR2E083	3 (10/03)		
City & State		City & State		4. FEI Numb 20–16	er 46525			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Addee Require		
•	6. Name and Address of Current	Registered Agent	11	_ 7. Name and	d Address of New R	egistered Ag	ent		
HELL AND	ADEW.		Name	Name					
	NSON ROAD, SUITE 7 T CREEK, FL 33073	Street Address		ddress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
,			City			FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registered agent, or bo	oth, in the State of Flo		niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: R	Indistance Asset Harris	re required when reinstating)		DATE			
	Signature, typed or printed name of registered agent i	and the ir applicable. (NOTE; H	registered Agent signatur	re reduced when remarkating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005						e check pay Departmen		e	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	CHANGES			
TITLE	MGR	☐ Delete	TITLE	···		ĺ	Change	☐ Addition	
NAME	HSU, ANDREW		NAME					1	
STREET ADDRESS CITY-ST-ZIP	2155 E. GARVEY AVE. NORTH,	SUITE B-18	STREET ADDRESS CITY-ST-ZIP						
	WEST COVINA, CA 91791						7 0>	- Addition	
TITLE NAME		☐ Defet e	- TITLE NAME			,	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			[Change	☐ Addition	
NAME .			NAME		-				
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	•					
TITLE		☐ Delete	TITLE			l	☐ Change	☐ Addition	
NAME STREET ADDRESS			name Street address						
CITY-ST-ZIP			CITY-ST-ZIP					ĺ	
TITLE		☐ Delete	TITLE		•		Сћапде	☐ Addition	
NAME			NAME				-		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS	troffices against the a specific	் நேர் நடித்தில் இதிருக்கு நடித்தில் இந்திருக்கு இதிருக்கு இதிருக்கு இதிருக்கு இதிருக்கு இதிருக்கு இதிருக்கு இதி	NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Bent Connermance	。 2种血液:激化电池	64×114		
CITY-ST-ZIP			CITY-ST-ZIP						
	<u> </u>		I						

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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Andrew Hsu, Manager

3/21/05

626-938-1988

Date

Daytime Phone #