

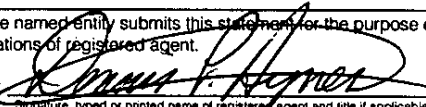
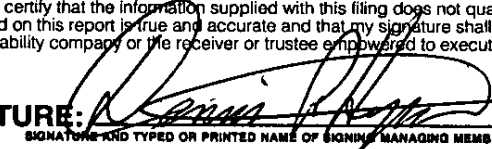


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90290 028 \*\*\*\*50.00

<b>DOCUMENT # L04000090952</b> 1. Entity Name <b>EADSBYOWNER, L.L.C.</b>					
Principal Place of Business <b>P.O. BOX 960785</b> <b>MIAMI, FL 33296-0785</b>			Mailing Address <b>P.O. BOX 960785</b> <b>MIAMI, FL 33296-0785</b>		
2. Principal Place of Business <b>PO BOX 960817</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 960817</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, Florida</b>		City & State <b>MIAMI, Florida</b>		4. FEI Number <b>20-2020430</b>	
Zip <b>33296-0785</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HYNES, D.</b> <b>15062 SW 70 ST.</b> <b>MIAMI, FL 33193</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>Managers</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>3-22-05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DENNIS P.O. BOX 960785 MIAMI, FL 332960785			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DENNIS P.O. BOX 960817 MIAMI, Florida - 332960785			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DEBORAH P.O. BOX 960785 MIAMI, FL 332960785			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DEBORAH P.O. BOX 960817 MIAMI, Florida 332960785			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DENNIS P.O. BOX 960785 MIAMI, FL 332960785			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DENNIS P.O. BOX 960785 MIAMI, FL 332960785			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DENNIS P.O. BOX 960785 MIAMI, FL 332960785			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DENNIS P.O. BOX 960785 MIAMI, FL 332960785			<input type="checkbox"/> Delete	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>3-22-05 (305) 509-0656</b> <small>Date Daytime Phone #</small>	