

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090952

1. Entity Name
EADSBYOWNER, L.L.C.



Principal Place of Business
**P.O. BOX 960817
MIAMI, FL 33296-0785**

Mailing Address
**P.O. BOX 960817
MIAMI, FL 33296-0785**



03072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2020430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HYNES, D.
15062 SW 70 ST.
MIAMI, FL 33193**

**DO NOT WRITE
IN THIS SPACE**

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

Dennis Hynes
Signature, typed or printed name of registered agent and title if applicable

Manager
(NOTE: Registered Agent signature required when reinstating)

3-7-06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HYNES, DENNIS
STREET ADDRESS	P.O. BOX 960817
CITY- ST- ZIP	MIAMI, FL 332960785
TITLE	MGR
NAME	HYNES, DEBORAH
STREET ADDRESS	P.O. BOX 960817
CITY- ST- ZIP	MIAMI, FL 332960785
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000001466731
03/23/06 00002-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Dennis Hynes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-7-06

Date

(305) 509-0656

Daytime Phone #