

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000045543**

1. Entity Name

EBS MASSACHUSETTS HOLDINGS, L.L.C.



Principal Place of Business

3881 EAST LAKE ESTATES DRIVE  
C/O BENHAM BIRGANI  
DAVIE, FL 33328

Mailing Address

3881 EAST LAKE ESTATES DRIVE  
C/O BENHAM BIRGANI  
DAVIE, FL 33328



01122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3200745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH  
HOLLYWOOD, FL 33021

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000930296  
05/21/08-80102-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BIRGANI, BENHAM
STREET ADDRESS	3881 EAST LAKE ESTATES DRIVE
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	MGR
NAME	BIRGANI, MARIA M
STREET ADDRESS	3881 EAST LAKE ESTATES DRIVE
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:** \_\_\_\_\_

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

04/28/08

Date

Daytime Phone # \_\_\_\_\_