

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074739

Entity Name: EBP LLC

FILED  
Feb 13, 2008  
Secretary of State

**Current Principal Place of Business:**

P. O. BOX 530637  
DEBARY, FL 327530637

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 530637  
DEBARY, FL 327530637

**New Mailing Address:**

FEI Number: 41-2182472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLDEN, TRACY M  
511 SOFT SHADOW LANE  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

BOLDEN, TIMOTHY T  
511 SOFT SHADOW LANE  
DEBARY, FL 32713 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: TIMOTHY T. BOLDEN

02/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOLDEN, TRACY M  
Address: P. O. BOX 530637  
City-St-Zip: DEBARY, FL 327530637

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOLDEN, TIMOTHY T  
Address: P. O. BOX 530637  
City-St-Zip: DEBARY, FL 327530637

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY T BOLDEN

MGR

02/13/2008

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