


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90022 037 \*\*\*\*50.00

<b>DOCUMENT # L05000109814</b> 1. Entity Name <b>EBML ENTERPRISES, LLC</b>																			
Principal Place of Business <b>11235 MANSKER ROAD DADE CITY, FL 33525</b>			Mailing Address <b>11235 MANSKER ROAD DADE CITY, FL 33525</b>																
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																	
4. FEI Number      Chg-LLC      CR2E083 (11/05)				Applied For <input checked="" type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>BOGGS, E. JACKSON 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602</b>															
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>															
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:85%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete												
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:85%; padding: 2px;"> <b>Director</b>  <input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition  <b>Edwin B. Sargent</b>  <b>11235 Mansker Road</b>  <b>Dade City, FL 33525</b> </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Edwin B. Sargent</b> <b>11235 Mansker Road</b> <b>Dade City, FL 33525</b>													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 208, Florida Statutes.			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Edwin B. Sargent</b> <b>11235 Mansker Road</b> <b>Dade City, FL 33525</b>																		
SIGNATURE: <u>Edwin B. Sargent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>6/12/06</u> Daytime Phone # _____																	

30010445



ATTACHMENT

36010445

June 12, 2006

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Subject: EBML Enterprises, LLC

Reference Number: L05000109814


Enclosed is the 2006 Limited Liability Company Annual Report with the following corrections made:

Title of manager, managing member or principal listed on the report.

Please be advised that while your letter is dated May 8, it was not actually mailed until May 19 (or at least postage applied) with me receiving it around May 23 or 24. My turn around time for this has been processed as quickly as possible. I hope you understand.

Thank you for your help in this matter.

Sincerely,



Edwin B. Sargent  
11235 Mansker Rd  
Dade City, FL 33525