2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000117257

1. Entity Name EBX2, L.C.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143 Mailing Address

5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3941099

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907 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.	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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEINER, EDWARD W 5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

- U00000937437 05/27/08-80047-024 138.7

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:

E: Nes.

4/23/08

305-666-873

Devim- Phore 6