


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

04-26-2007 90033 026 ****50.00

DOCUMENT # L06000075981

1. Entity Name
 E.P.S. - 529, L.L.C.



Principal Place of Business
 C/O ARIE MREJEN, ESQ., 701 W CYPRESS CREEK SUITE 302 FORT LAUDERDALE, FL 33309

Mailing Address
 C/O ARIE MREJEN, ESQ., 701 W CYPRESS CREEK SUITE 302 FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 P.O. Box 3882

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Hallandale Beach

Zip Country

Zip Country
 33008-3882 U.S.A



04222007 Chg-LLC CR2E083 (12/06)

4. FEI Number **N/A** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ARIE MREJEN, P.A.
 701 W CYPRESS CREEK RD.
 SUITE 302
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BIBAS, OLIVIER	C/O 701 W CYPRESS CREEK RD. #302	FORT LAUDERDALE, FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Bibas* Date: 4.22.2007

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #