

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082816

Entity Name: E P T, LLC

FILED  
Apr 06, 2007  
Secretary of State

**Current Principal Place of Business:**

730 CREATIVE DRIVE, SUITE 7  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7328  
LAKELAND, FL 338077328

**New Mailing Address:**

FEI Number: 20-5580485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIMBATH, PAULA B  
730 CREATIVE DRIVE, SUITE 7  
LAKELAND, FL 33813 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIMBATH, M. PAUL  
Address: P.O. BOX 7328  
City-St-Zip: LAKELAND, FL 338077328

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: NEWBERG, THOMAS E  
Address: 806 LAKE CLARK CT  
City-St-Zip: LAKELAND, FL 33813

Title: MGR ( ) Change (X) Addition  
Name: NEWBERG, EDWARD M  
Address: 1910 CHESTNUTWOOD DR  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: M PAUL DIMBATH

MGRM

04/06/2007

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