


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90193 006 \*\*\*\*50.00

|                            |   |
|----------------------------|---|
| DOCUMENT # L06000120303    |  |
| 1. Entity Name<br>EAR, LLC |   |

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| Principal Place of Business<br>1085 SILVER BEACH ROAD #4<br>RIVIERA BEACH FL 33404 | Mailing Address<br>1085 SILVER BEACH ROAD #4<br>RIVIERA BEACH FL 33404 |
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| 2. Principal Place of Business - No P.O. Box #<br>1085 SILVER BEACH RD.<br>Suite, Apt. #, etc.<br>#4 | 3. Mailing Address<br>1085 SILVER BEACH RD.<br>Suite, Apt. #, etc.<br>#4 |
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1st MOORE CR2E083 (10/06)

|                                   |                                  |
|-----------------------------------|----------------------------------|
| City & State<br>RIVIERA BEACH FL. | City & State<br>RIVIERA BEACH FL |
| Zip<br>33403                      | Country<br>PALM BEACH            |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>22-3952854 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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| 6. Name and Address of Current Registered Agent<br>JAYNES, DAVID A<br>920 3RD AVENUE NORTH<br>LAKE WORTH FL 33460 |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>EDWARD PRESTON<br>Street Address (P.O. Box Number is Not Acceptable)<br>1085 SILVER BEACH RD. #4<br>City<br>RIVIERA BEACH FL Zip Code<br>33403 |
|---|

|  |      |
|--|------|
| 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.<br>SIGNATURE <i>Edward Preston</i><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|------|

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PRESTON, EDWARD G JR<br>1085 SILVER BEACH ROAD #4<br>RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GELLER, ARTHUR R<br>1085 SILVER BEACH ROAD #4<br>RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edward Preston* EDWARD PRESTON 2/22/07/561/841-8383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #