


FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000112576

1. Entity Name
EALAND HOLDINGS, LLC



Secretary of State

Principal Place of Business
11071 BLUE CORAL DRIVE
BOCA RATON, FL 33498

Mailing Address
11071 BLUE CORAL DRIVE
BOCA RATON, FL 33498

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

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired
Additional Fee Required

6. Name and Address of Current Registered Agent
KAMER, JERRY
11071 BLUE CORAL DRIVE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
LANDAU, DANIEL
11071 BLUE CORAL DRIVE
BOCA RATON, FL 33498
Delete

10. ADDITIONS/CHANGES
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
U000000810432
02/08/08-80060-016-150-80
Change Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #