

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004909**

1. Entity Name
EABC, L.L.C.

Principal Place of Business
**C/O DENHOLTZ ASSOCIATES
337 EAST INDIANTOWN ROAD, SUITE 8
JUPITER FL 33477**

Mailing Address
**C/O DENHOLTZ ASSOCIATES
337 EAST INDIANTOWN ROAD, SUITE 8
JUPITER FL 33477**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

6. Name and Address of Current Registered Agent

**WHITE, JOHN II
C/O NASON, YEAGER, GERSON, WHITE & LIOCE
1645 PALM BEACH LAKES BOULEVARD, STE 1200
WEST PALM BEACH FL 33401**

4. FEI Number **65-0941394** Applied For
 Not Applicable

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

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.

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 \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

Delete
**MGMM
DENHOLTZ, STEWART F
337 EAST INDIANTOWN ROAD, SUITE 8
JUPITER FL 33477**

10.

ADDITIONS/CHANGES

Change Addition

Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000003994670--2
-04/12/01--01078--019
****110.00 ****55.00**

Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

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CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

Change Addition

Delete
**NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **STEWART F. DENHOLTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/01 561-743-5900
Daytime Phone #

CR2E083 (11/00)

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