12005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # L99000004909 1. Entity Name EABC, L.L.C. Principal Place of Business Mailing Address 580 VILLAGE BLVD. 580 VILLAGE BLVD. **SUITE #300** SUITE #300 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 03152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0941394 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENHOLT, STEWART F DO NOT WRITE 580 VILLAGE BLVD. SUITE 300 IN THIS SPACE WEST PALM BEACH, FL 33409 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, typed or printed name of registered agent and title II applicable (NOTE Registered Agent signature required when reinstalting Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, TITLE MGRM DENHOLTZ, STEWART F NAME STREET ADDRESS 580 VILLAGE BLVD.-SUITE #300 U00000326288 04/23/05-80050-014 50.00 CITY-ST-ZIP WEST PALM BEACH, FL 33409 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

11. I hereby certify that the Information supplied with this filling 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 808, Florida Statutes.

Managing Member 3/15/05 <u>561</u> |24∞ Daytime Phone # 0100