

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90119 031 *****55.00

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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

580 Village Blvd.

Suite, Apt. #, etc.

Suite # 300

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.A.

3. Mailing Address

580 Village Blvd.

Suite, Apt. #, etc.

Suite # 300

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0941394**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

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**

7. Name and Address of New Registered Agent

Name

Denholtz, Stewart

Street Address (P.O. Box Number is Not Acceptable)

580 Village Blvd.

Suite # 300

City

West Palm Beach

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DENHOLTZ, STEWART F**
STREET ADDRESS **337 EAST INDIANTOWN ROAD, SUITE 8**
CITY-ST-ZIP **JUPITER FL 33477**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **580 Village Blvd. - Suite # 300**
STREET ADDRESS **West Palm Beach, FL 33409**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

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

4/12/03
Date

561 242-0100
Daytime Phone #

CR2E083 (10/02)