

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008463

FILED
Mar 08, 2006
Secretary of State

Entity Name: EIRE INDIANAPOLIS FLORIDA L.L.C.

Current Principal Place of Business:

2799 NW BOCA RATON BLVD.
SUITE 203
BOCA RATON, FL 33431

New Principal Place of Business:

2799 NW BOCA RATON BLVD.
SUITE 205
BOCA RATON, FL 33431

Current Mailing Address:

2799 NW BOCA RATON BLVD.
SUITE 203
BOCA RATON, FL 33431

New Mailing Address:

2799 NW BOCA RATON BLVD.
SUITE 205
BOCA RATON, FL 33431

FEI Number: 65-0987828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILLANE, MARK
2799 NW BOCA RATON BLVD.
SUITE 203
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SPILLANE, MARK
2799 NW BOCA RATON BLVD.
SUITE 205
BOCA RATON, FL 33431 US

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: MARK SPILLANE

03/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EIRE INDIANAPOLIS SP, E, INC.
Address: 2799 NW BOCA RATON BLVD. SUTIE 203
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EIRE INDIANAPOLIS SP, E, INC.
Address: 2799 NW BOCA RATON BLVD. SUTIE 205
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EIRE INDIANAPOLIS SPE, INC.

MGR

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date