

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000002467

1. Entity Name
EBP LLC I



Principal Place of Business
150 E PALMETTO PARK RD
SUITE 401
BOCA RATON, FL 33432

Mailing Address
150 E PALMETTO PARK RD
SUITE 401
BOCA RATON, FL 33432

FILED
Apr 27, 2004 08:00 AM
Secretary of State



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1149524

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMIGRAN, KENNETH H
150 E. PALMETTO PK RD. #401
BOCA RATON, FL 33432

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is \$50.00
Due by May 1, 2004

000000133540
04/27/04-80092-008 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SIMIGRAN, KENNETH H 150 E. PALMETTO PK RD. #401 BOCA RATON, FL 33432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOUGLAS, STEPHEN M 150 E. PALMETTO PK RD. #401 BOCA RATON, FL 33432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PENDER, BRUCE G 150 E. PALMETTO PK RD #401 BOCA RATON, FL 33432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 150 E. PALMETTO PARK ROAD, #340 BOCA RATON, FL 33432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

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

Date

Daytime Phone #