


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90040 038 ****50.00

DOCUMENT # M01000002467 1. Entity Name EBP LLC I	
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14007404



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
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2. Principal Place of Business PLEASE NOTE OUR NEW ADDRESS:	Mailing Address
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Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD	Suite, Apt. #, etc.
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City & State SUITE 410 BOCA RATON, FL 33432	City & State
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Zip (561) 394-7400	Country
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04242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1149524	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SIMIGRAN, KENNETH H 150 E. PALMETTO PK RD. #401 BOCA RATON, FL 33432	Name PLEASE NOTE OUR NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD SUITE 410 City BOCA RATON, FL 33432 FL Zip Code (561) 394-7400
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8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

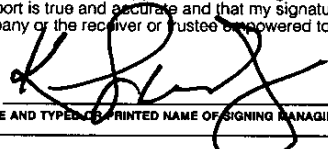
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	10. PLEASE NOTE OUR NEW ADDRESS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMIGRAN, KENNETH H 150 E. PALMETTO PK RD. #340 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (561) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, STEPHEN M 150 E. PALMETTO PK RD. #340 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (561) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENDER, BRUCE G 150 E. PALMETTO PK RD #340 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition (561) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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