

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0029784

DOCUMENT # MO1000002467

1. Entity Name

EBP LLC I



FILED

03 APR 30 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1149524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

400017559134
04/30/03--01050--009 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SIMIGRAN, KENNETH H
STREET ADDRESS 150 E. PALMETTO PK RD. #401
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
~~04/30/03--01050--009 **50.00~~

TITLE MGR
NAME DOUGLAS, STEPHEN M
STREET ADDRESS 150 E. PALMETTO PK RD. #401
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE MGR
NAME PENDER, BRUCE G
STREET ADDRESS 150 E. PALMETTO PK RD #401
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE MGR
NAME FERRUCCI, MARK A
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19801 ☒ Delete

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

TITLE MGR
NAME HORNE, ADRIANNE M
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19801 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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] SIGNATURE REQUIRED

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

4/26/03 561-394-7400

Date

Daytime Phone #

CR2E083 (10/02)