


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002827

1. Entity Name
EAPPEALS LLC



Principal Place of Business
1680 MICHIGAN AVE., STE. 700
MIAMI, FL 33139

Mailing Address
1680 MICHIGAN AVE., STE. 700
MIAMI, FL 33139



01292004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3127441

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVE, 28TH FLOOR
MIAMI, FL 33131

**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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

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

000000112484
04/14/04-80025-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRSH, WILLIAM 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRAMER, PETER 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KANE, ALICE 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIFFIN, STEVE 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIGGS, RORY 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139
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 I were 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 605, Florida Statutes.

SIGNATURE: _____

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

Date: 3/21/04 Daytime Phone #: (305) 534-7174