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

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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

U00000112484
04/14/04-80025-001 50.00

9. MANAGING MEMBERS/MANAGERS

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

SIGNATURE: _____ 3/31/04 (305)534-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #