


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90042 003 ****55.00

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
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20058293



2. Principal Place of Business 4000 Hollywood Blvd Suite, Apt. #, etc. 160N City & State Hollywood, FL Zip 33021 Country	3. Mailing Address 4000 Hollywood Blvd Suite, Apt. #, etc. 160N City & State Hollywood, FL Zip 33021 Country
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03042005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent KRAMER, PETER M 200 SOUTH BISCAYNE BLVD., 4000 WACHOVIA F NANCIAL CENTER MIAMI, FL 33131-2398	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRSH, WILLIAM 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 HOLLYWOOD BLVD SUITE 160N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMER, PETER 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 HOLLYWOOD BLVD SUITE 160N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANE, ALICE 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 HOLLYWOOD BLVD SUITE 160N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN, STEVE 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 HOLLYWOOD BLVD SUITE 160N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGGS, RORY 1680 MICHIGAN AVE., STE. 700 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 HOLLYWOOD BLVD SUITE 160N HOLLYWOOD, FL 33021
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:  **DD, MPM.** **3/28/05** **954-983-1390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #