


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**

20058293



2. Principal Place of Business
4000 Hollywood Blvd

3. Mailing Address
4000 HOLLYWOOD BLVD

Suite, Apt. #, etc.
160N

Suite, Apt. #, etc.
160N

03042005 Chg-LLC CR2E083 (10/03)

City & State
Hollywood, FL

City & State
HOLLYWOOD, FL

Zip
33021

Country

Zip
33021

Country

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

**KRAMER, PETER M
 200 SOUTH BISCAYNE BLVD., 4000 WACHOVIA FI
 NANCIAL CENTER
 MIAMI, FL 33131-2398**

7. Name and Address of New Registered Agent

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 _____ (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

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, M.P.H.** **3/28/05** **954-983-1390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #