


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 31, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M03000002827 1. Entity Name EAPPEALS LLC |  |
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| Principal Place of Business 4000 HOLLYWOOD BVD #160N HOLLYWOOD, FL 33021 | Mailing Address 4000 HOLLYWOOD BVD #160N HOLLYWOOD, FL 33021 |
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 75-3127441 | Applied For Not Applicable |
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|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KRAMER, PETER M 200 SOUTH BISCAYNE BLVD., 4000 WACHOVIA FI NANCIAL CENTER MIAMI, FL 33131-2398 |
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**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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

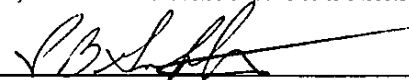
Filing Fee is \$50.00
Due by May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KIRSH, WILLIAM 4000 HOLLYWOOD BLVD, STE 160N HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRAMER, PETER 4000 HOLLYWOOD BLVD, STE 160N HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KANE, ALICE 4000 HOLLYWOOD BLVD, STE 160N HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRIFFIN, STEVE 4000 HOLLYWOOD BLVD, STE 160N HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RIGGS, RORY 4000 HOLLYWOOD BLVD, STE 160N HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000566428
05/31/06-80003-002 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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|---|-----------------------------|------------------------|
| SIGNATURE:  | Date: 5/23/06 | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |