2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000001

1. Entity Name
EPO HOLDINGS LLC
T/A SYNCENTRIC

Principal Place of Business	Mailing Address
59 STEAMWHISTLE DRIVE IVYLAND, PA 18954	59 STEAMWHISTLE DRIVE IVYLAND, PA 18954

000000439578
03/02/06-80007-002 55.00

DO NOT WRITE IN THIS SPACE

02102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0411641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIULIANO, JASON
763 TYLER DRIVE
SARASOTA, FL 34236

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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 _____ DATE _____
Signature, type or print name of registered agent, and date if applicable. (NOTE: Registered agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GIULIANO, JASON
STREET ADDRESS	763 TYLER DR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	HENRY WONG, MICHAEL
STREET ADDRESS	15 BAYLEAF LANE
CITY-ST-ZIP	IRVINE, CA 92620
TITLE	MGRM
NAME	GIULIANO, JEROME
STREET ADDRESS	59 STEAMWHISTLE DRIVE
CITY-ST-ZIP	IVYLAND, PA 18954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: _____ 2.14.06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #