2006 LIMITED LIABILITY COMPANY

FILED Jul 13, 2006 08:00 AM Secretary of State

ANN	IUAL REPORT	ويميته الا
DOCUMENT # M050 1. Entity Name EBARTONLLC	00004767	
Principal Place of Business	Mailing Address	
300 WEST TROPICAL WAY PLANTATION, FL 33317	300 WEST TROPICAL WAY PLANTATION, FL 33317	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

07072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3334160

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

JOHNSON, KIM LOREEN 300 WEST TROPICAL WAY

PLANTATION, FL 33317

PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.		
SIGNATURE	Sint Sohrson		7/10/06
	Signature, typed or printed pame of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fil Due l	ing Fee is \$50.00 by September 6, 2006		U00000570097 07/13/06-80018-004 55.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KIM LOREEN 300 WEST TROPICAL WAY PLANTATION, FL 33317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
THILF NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
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.			

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