

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000084225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                   |  |
| <b>1. Entity Name</b><br>EABC PARTNERS MANAGING MEMBER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                   |  |
| <b>Principal Place of Business</b><br>2800 NE 26TH COURT<br>FT LAUDERDALE, FL 33306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                   | <b>Mailing Address</b><br>2800 NE 26TH COURT<br>FT LAUDERDALE, FL 33306                                                                                             |                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <b>3. Mailing Address</b>                                                                         |                                                                                                                                                                     |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | Suite, Apt. #, etc.                                                                               |                                                                                                                                                                     |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | City & State                                                                                      |                                                                                                                                                                     |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                       | Zip                                                                                               | Country                                                                                                                                                             | <b>4. FEI Number</b><br>20-1175336                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                   |                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SANTOLLA, STEVE<br>2800 NE 26TH COURT<br>FORT LAUDERDALE, FL 33306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                     |                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                        |                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>D</b><br>SANTOLLA, STEVEN<br>2800 NE 26TH COURT<br>FT LAUDERDALE, FL 33306 | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>D</b><br>LIHAN, THOMAS<br>2800 NE 24TH COURT<br>FT LAUDERDALE, FL 33306    | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                               |                                                                                                   |                                                                                                                                                                     |                                                                   |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                   | Date _____ Daytime Phone # _____                                                                                                                                    |                                                                   |  |