

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010975

Entity Name: EAGLE BASEBALL CLUB, LLC

FILED  
Feb 09, 2005  
Secretary of State

**Current Principal Place of Business:**

7610 LEMONWOOD COURT  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

7610 LEMONWOOD COURT  
TAMPA, FL 33625

**New Mailing Address:**

230 LAKESIDE COURT  
APT 1126  
ST CHARLES, IL 60174

FEI Number: 59-3733808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLAVIK, CHARLES  
7610 LEMONWOOD COURT  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: SLAVIK, CHARLES  
Address: 7610 LEMONWOOD CT.  
City-St-Zip: TAMPA, FL 33625

Title: VPST ( ) Delete  
Name: SLAVIK, LEDRA  
Address: 7610 LEMONWOOD CT.  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SLAVIK, CHARLES  
Address: 230 LAKESIDE COURT #1126  
City-St-Zip: ST CHARLES, IL 60174

Title: MGR (X) Change ( ) Addition  
Name: SLAVIK, LEDRA  
Address: 230 LAKESIDE COURT #1126  
City-St-Zip: ST CHARLES, IL 60174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES SLAVIK

MGR

02/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date