A086000000991

•
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(E-consect Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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04/21/10--01026--019 **52.50



T. HAMPTON

MAY 1 1 2010

EXAMINER

COVER LETTER

Registration Section

Division	of Corporations	•	•		
SUBJECT:	Eagle	Equity	Partn	ers. L	LLP
	Name of Florida Limited Pa				
The enclosed Cer	rtificate of Amendment	and fee(s) are sub	mitte	d for filing.
Please return all	correspondence concern	ing this r	netter to	:	•
• • •	•	,			
	John Delaney				
,	Contact Person				•
Eagl	e Capital Menagemen	I, LLC	. ,		
	Firm/Company				
	7230 Winding Bay Lai	ne			
	Address			- .	• *
W	est Palm Beach, FL 3	3412			
	City, State and Zip Code				
	ilyndel@aol.com				
E-mail address	(to be used for future enous	report no	(ification)	-	
			•		
For further inform	nation concerning this m	natter, plo	use call	: •	
Jo	hn Delaney	at (561	}	283-9653
Name of C	ontact Person	<u> </u>	rea Code	and Da	ytime Telephone Number
Enclosed is a che	ck for the following amo	ount:			
\$52.50 Piling Fee	\$61.25 Filing Fee and Certificate of Status		15.00 Filin artified Co		S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDR	ESS:		MAL	LING	ADDRESS:
Registration Sect		.*			Section.
Division of Corp		•	Divis	ion of	Corporations
Clifton Building				Box 6	
2661 Executive C			Tallal	naasee	FL 32314
Tallahassee, FL	32301				



RECEIVED

10 MAY 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2010

JOHN DELANEY EAGLE CAPITAL MANAGEMENT LLC 7230 WINDING BAY LN W PALM BEACH, FL 33412

SUBJECT: EAGLE EQUITY PARTNERS,LLLP

Ref. Number: A08000000991

We have received your document for EAGLE EQUITY PARTNERS,LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2009 annual report/uniform business report and must reinstate before this document can be filed. Please see the attached fee schedule for a breakdown of the fees due.

The total amount due to reinstate is \$1000.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 510A00009981

Division of Comparations P.O. ROY 6327 Tallahassaa Florida 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Insert name o	PARTIES, LLLP WITCHIS ON RIE WITH PROTECTS DEPARTMENT OF STATE	
Pursuant limited []	ability limited partnership, w	20.1202, Florida Statutes, this Florida limited partnership or hose certificate was filed with the Florida Department of State of signed Florida document number	ın
adopts th		ndment to its certificate of limited partnership.	
This arrier	idment is submitted to airrend the	following:	
	ending name, <u>enter the new na</u>	me of the Hmited partnership or limited limbility limited partners	منو
pera:			
,	New name must i	be distinguishable and contain an acceptable suffix.	
		ied Parmership, Limited, L.P.; LP, or Ltd. hip ruffixes. Limited Liability Limited Partnership, L.L.L.P. or LLLP	•
		·	
B. Ifan <u>Prin</u> s	ending mailing address and tipal office address here:	l/or principal office address, <u>anter new mailing address and/</u>	<u>9</u> 0
B. Ifam prins	needing mailing address and ripel office address here: New Principal Office Ad	3.6.	OE.
B. If an <u>prin</u> s	inal office address here:		<u>or</u>
B. If an <u>prin</u> s	ripal office address here: New Principal Office Ad	idress:	<u>'0</u> [
B. If an <u>prin</u> g	inal office address here: New Principal Office Address: (Must be STREET address: New Mailing Address:	idress:	O F
B. If an princ	inal office address here: New Principal Office Address (Must be STREET address)	idress:	10
B. If an prins	inal office address here: New Principal Office Address: (Must be STREET address: New Mailing Address:	idress:	10
<u>prins</u> C. If am	New Principal Office Actives to STREET actives: New Mailing Address: (May be post office box)	d/or registered office address up our records, enter the name of	
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Dring C. If am Resy regis	New Principal Office Address: New Principal Office Address: New Mailing Address: (May be post office box) auding the registered agent an tered agent andtered agent and agent ag	d/or registered office address up our records, enter the name of	

Dana 1 66 1

City

Zip Cocle

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the pame and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
<u>Mr.</u>	David Delaney	11570 Stonehaven Way West Palm Seach, FL 33412	Add Remove
Mr.	Pierre Quilliam	2373 Landings Circle Bredenton, FL 34209	Add Remove
			Add Remove
			Add Remove
· V d y like mande please in			Add Remove
			Add
			Empered .
limited partnership	p" states, cater change here:	y limited partnership is amer	
•		s "Limited Liability Limited Pa cornership" states, all géneral parts	. •

Page 2 of 3

SECRETARY OF STATE

<u></u>				
	**************************************			**************************************
Effective date, if other than the date Effective date cannot be prior to nor mon trate.)	e of filing:_ e than 90 days after	the date this document	is filed by the Flo	orida Department
innature(s) of a general partner	or ali seneral to	trimoru*:		
when adding or removing a limited liability	· -	p election statement.		***************************************
/				
		444		
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ignature(s) of all new or dissocia	ating general na	riner(s). if any:		
ienature(s) of all new or dissocia	ating coneral pa	rtner(s). if any:		

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SECNETARY OF STATE
DIVISION OF COMPORATIONS