FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 DEC 24 PM 12:15

1. Name of Limited Partnership

1a. DOCUMENT # **A14326**

THE EAGLES, LTD.

Mailing Address
16101 NINE EAGLES DR.
ODESSA FL 33556

Principal Office Address
16101 NINE EAGLES DR.
ODESSA FL 33556

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
04/12/1983

3a. Date of Last Report
01/03/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$500,100.00

5b. Amount of Capital Contributions in U.S. Dollars
Unknown

6. FEI Number
06-1079369
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

8. Make checks payable to Dept. of State (Personal checks not acceptable)

9. Name and Address of Current Registered Agent

KAUFENBERG, MARY D.
U.S. 19 S. (INNISBROOK)
BOX 1088
TARPON SPRINGS, FL FL 34688

10. If Changed, Name Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City, **FL** Zip Code

10a. Pursuant to the provisions of Sec. 620.1105 and 620.1902 Florida Statutes, the above named limited partnership organized or registered in the laws of the State of Florida, submits this statement for the purpose of changing its registered office or its principal office or both, in the State of Florida. Such change was authorized by a general partner(s). I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of Sec. 620.1102 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
LAMBOS, CONSTANTINE P.	4810 BOSTON PST.RD.#3	PELHAM MANOR NY	
GIARDINO,ALFERD A.	4600 FIELDSTON, RD.	BRONX NY	
FLYNN, JAMES A.	61 ECKERD DR.	BERKELEY SPGS.,W. VA	
NYLAND, DONALD W.	20 PURITAN AVENUE	YONKERS, NY	
CARUSO, DONATO	30-A ROBIN HILL ROAD	SCARSDALE, NY	
LERNER, R. P.	81-27 188TH STREET	HOLLIS, NY	

12-31

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the enclosed statement complies with the requirements of Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability for any loss or damage to the enclosed document submitted for filing, which may result from public disclosure. Further, I certify that the information contained herein is true and correct to the best of my knowledge and belief, and that the enclosed document is a duplicate of the original document. I hereby certify that I am a General Partner of the limited partnership, reserve or hold the required Registered Agent Acceptance Form, or a Florida Attorney.

SIGNATURE L. P. Lambos DATE Dec 18 1996

Typed or Print Name of General Partner Signing Form Daytime Telephone Number

0015536