

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 AM 8:38



1. Name of Limited Partnership
THE EAGLES, LTD.

1a. DOCUMENT #
A14326

Mailing Address
**16101 NINE EAGLES DR.
ODESSA FL 33556**

Principal Office Address
**16101 NINE EAGLES DR.
ODESSA FL 33556**

3. Date Formed or Registered
04/12/1983

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

3a. Date of Last Report
12/24/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$100.00

2. Mailing Address
Suite, Apt. #, etc.

2a. Principal Office Address
Suite, Apt. #, etc.

4. State or Country of Formation
FL

City & State

City & State

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

Zip Country

Zip Country

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

8. Make check payable to: Dept. of State (See reverse side for fee information)

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, new Registered Agent/Office
Name
000002375240--5
Street Address (P.O. Box Number Is Not Acceptable)
12/17/97-01086-001
*****156.25 ***156.25**
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, 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	
URNER, R. P.	81-27 188TH STREET	HOLLIS, NY	KWM

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Mary D. Kaufenberg*

DATE **12-10-97**

Typed or Printed Name of General Partner Signing Form **Mary D. Kaufenberg**

Daytime Telephone Number **813-920-6681**

CR2E003 (6/97)