

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
90 OCT 12 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A14326

THE EAGLES, LTD.

99-AR  
cm



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

3a. Date of Last Report

12/12/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$500,100.00

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

06-1079369

☐ Applied For  
☐ Not Applicable

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 34688

10. If changed, new 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 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, CONSTANTIE P

4810 BOSTON PST.RD.#3

PELHAM MANOR NY

LUCIE GIARDINO, AS EXECUTRIX

4600 FIELDSTON, RD.

BRONX NY 10471

KAUFENBEG, MARY D

16101 NINE EAGLES DRI

ODESSA FL 33556

CARUSO, DONATO

30-A ROBIN HILL RD.

SCARSDALE NY 10583

LEAHY, DENIS M

12718 BURMAH COURT

ODESSA FL 33556

ERNER, RICHARD P

81-27 188TH STREET

HOLLIS NY 11473

**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

Constantine P. Lambos

DATE

October 2, 1999

Typed or Printed Name of General Partner Signing Form

Constantine P. Lambos

Daytime Telephone Number

920-6687

CR2E003 (8/98)