2001 UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # A1.4326 1. Entity Name					'e.				
THE EAGLES, LTD.				* عمر			FIL	ED	
Principal Place of Business Mailing Address						-	01 MAY 1	8 PM 1:	08
16101 NINE EAGLES DR. ODESSA FL 33556			16101 NINE EAGLES DR. ODESSA FL 33556				SECRETAR	YOFSTA	E .
							TALLAHAD:	ÆE, FLOR'	
2. Principal P	Place of Busines	S\$	3. Mailing Address					3	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SPAC	E
City & State			City & State			4. FEI Number	06-1079369	!	Applied For Not Applicable
Zíp		Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		75 Additional Required
	6. Name a	nd Address of Current F	legistered Agent			7. Name and /	Address of New Re	gistered Agen	
المسترور والمسترور والمستر					Name	-A-m-A-	LAM	n-0-5	-
KAUFENBERG, MARY D U.S. 19 S. (INNISBROOK)					Street Address		is Not Acceptable)	·	
BOX 1088	(II II	• • •			1110	NINE	EAGLE		
TARPON SPRINGS FL 34688					City ODE	SSA	h n C-CC		Sip Code 33 556
8. 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 Signature, typed or printed name of registered agent angulate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Capital Contributions as Shown on record. \$500,100.00 In FLORIDA to date.							11. MAKE CHECI SEE REVERS		DEPT. OF STATE E INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
12.		GENERAL PARTNER	INFORMATION 13.			ADDRESS CHANGES ONLY			
DOCUMENT # NAME	LAMBOS C	ONICTANTINE D	STRI		EET ADDRESS				
STREET ADDRESS	LAMBOS, CONSTANTINE P 4810 BOSTON PST.RD.#3D PELHAM MANOR NY		CIT		r-ST-ZIP			···	
DOCUMENT # NAME	I UCIE GIARI	DINO, AS EXECUTRIX	OF THE ESTATE		EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4600 FIELDSTON, RD. BRONX NY 10471				r-ST-ZIP		PF.	#5a6.	<i>a5</i>
DOCUMENT # NAME	KAUFENBEG	S. MARY D		STR	EET ADDRESS				
STREET ADDRESS- CITY-ST-ZIP		EAGLES DRIVE	CITY		7-ST-ZIP		-	-	_
DOCUMENT # NAME	CARUSO, D	ONATO		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	30-A ROBIN SCARSDALE			city	r-ST-ZIP				
DOCUMENT # NAME	LEAHY, DEN	IIS M			EET AODRESS	51		/010108	39017
STREET ADDRESS CITY-ST-ZIP	12718 BURN ODESSA FL	MAH COURT			Y-ST-ZIP		****5	/8.75 *°	k**526.25
DOCUMENT # NAME	LERNER, RIC	CHARD P		STR	EET ADDRESS				
	81-27 188TH HOLLIS NY		CITY		(-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									
SIGNATURE. SIGNER COMPUNION CER LAMBOS									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daytime Phone #									