


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A14326 1. Entity Name THE EAGLES, LLLP	
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Principal Place of Business 16101 NINE EAGLES DR. ODESSA FL 33556	Mailing Address 16101 NINE EAGLES DR. ODESSA FL 33556
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 06-1079369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBOS, WILLIAM A 16101 NINE EAGLES DR. ODESSA FL 33556	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$500,100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	STREET ADDRESS	
STREET ADDRESS	LAMBOS, THEODORA AS PER, REP. OF ESTATE	CITY-ST-ZIP	
CITY-ST-ZIP	16101 NINE EAGLES DRIVE		
	ODESSA FL 33556		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LAMBOS, WILLIAM A	CITY-ST-ZIP	
CITY-ST-ZIP	16101 NINE EAGLES DRIVE		
	ODESSA FL 33556		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LEAHY, DENNIS M	CITY-ST-ZIP	
CITY-ST-ZIP	12718 BURMAH CR.		
	ODESSA FL 33556		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LERNER, RICHARD P	CITY-ST-ZIP	
CITY-ST-ZIP	81-27 188TH STREET		
	HOLLIS NY 11423		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CARUSO, DONATO	CITY-ST-ZIP	
CITY-ST-ZIP	29 BROADWAY		
	NEW YORK NY 10006		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	NYLAND, W. DONALD	CITY-ST-ZIP	
CITY-ST-ZIP	81 PONDFIELD ROAD		
	BRONXVILLE NY 10708		

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: <u>William Ambros</u>	Date: <u>4/8/04</u>	Debit Phone #: <u>813-371-6302</u>
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STAPLE CHECK HERE