


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

<b>DOCUMENT # A32239</b> 1. Entity Name <b>THE EAGLES GOLF CLUB, LLLP</b>			
Principal Place of Business <b>16101 NINE EAGLES DRIVE ODESSA FL 33556</b>		Mailing Address <b>16101 NINE EAGLES DRIVE ODESSA FL 33556</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

04 FEB -2 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number <b>59-3094249</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LAMBOS, WILLIAM A 16101 NINE EALGES DRIVE ODESSA FL 33556</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>LAMBOS, THEODORA AS PER. REP. OF ESTATE 16101 NINE EAGLES DRIVE ODESSA FL 33556</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	<b>LAMBOS, WILLIAM A 16101 NINE EAGLES DRIVE ODESSA FL 33556</b>	STREET ADDRESS	<b>500028010955</b>
NAME		CITY-ST-ZIP	<b>02/02/04--01053--011 **141.25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>M THOMAS</b>
NAME		CITY-ST-ZIP	
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:** William Lambos 1/29/04 813-371-6302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE