2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000883

EAGLE PROPERTIES, LLC



FILED Jul 23, 2002 8:00 am Secretary of State 07-23-2002 90344 043 ****50.00

				(F)	}				
Principal Place of Business Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
515 SOUTH SIXTH AVENUE WAUCHULA FL 33873		PO BOX 728 WAUCHULA FL 33873							
						 	HANA BERNA BANA BERNA A		Ħ
2. Principal Place of Business 3. Mailing Ac Suite, Apt. #, etc. Suite, Apt.			te, Apt. #, etc.						
					DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number APPLIED FOR Applied For Not Applicable				
Zip	Country	Zip	Coun	try	5. Certific	cate of Status Desired		Additional equired	
	6. Name and Address of Curre	nt Registered Agent			7. Name	and Address of New R		aquired	
ABLI	ES, CLIFFORD M III,ESQ	<u> </u>	، د ر پست	Name -	.	- •.			
551 SOUTH COMMERCE AVENUE SEBRING FL 33870				Street Address (P.O. Box Number is Not Acceptable)					
	701.4.10			City			LF .	o Code	
8. The above the obligation	e named entity submits this statement tions of registered agent.	for the purpose of chang	ging its registere	d office or regis	tered agent, or	both, in the State of Flor	rida. I am familiar	with, and ac	cept
SIGNATURE	•	ant and title if applicable	(NOTE: Registerer	Agent signature requ	ired when reinstating		DATE		_ }
****			LE NOW!!! F			1	DATE	<u> </u>	
2			ck Payable to						- 1
•		D	ue By Septer	nber 25, 2002	2				
9. ,.		BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGRM GRIMSLEY, CHARLES M	☐ Delete				•	☐ Ch	ange 🔲 A	ddition
STREET ADDRESS	PO BOX 728		NAME STREE	T ADDRESS					
CITY-ST-ZIP	WAUCHULA FL 33873			ST-ZIP					}
TITLE	MGRM	☐ Delete	e TITLE				☐ Ch	ange 🔲 A	ddition
NAME STREET ADDRESS	GRIMSLEY, DENISE P PO BOX 728		NAME				-		
CITY-ST-ZIP	WAUCHULA FL 33873			ST-ZIP					- 1
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CITY-ST-ZIP	<u></u>	•	CITY-						
TITLE		☐ Delete	TITLE				☐ Cha	ange 🔲 Ad	ddition
NAME STREET ADDRESS			NAME STREE	T ADDRESS					

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR OTHORIZED REPRESENTATIVE

7-18-02

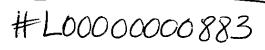
B63-773-3135



Thank you.

FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362



DATE 8-9-00 RECD	TIME
NAME	FAK NUMBER
Charles Grimsley	843-773-9741
IF YOU HAVE ANY QUESTIONS ABOUT A OFFICE PLEASE CALL US AT (678) 530-75	ANY FAX RECEIVED FROM OUR 25 OR (678) 590-7902.
TOTAL PAGE: 1	•
COMMENTS: WE HAVE ASSIGNED AN NUMBER FOR THE ENTITY (IES) SHOWN RECEIVE WRITTEN NOTIFICATION OF IDENTIFICATION NUMBER(S) WITHIN 3	WN BELOW: YOU SHOULD YOUR EMPLOYER
COMPANY NAME:	~ 2.18 A 2.1
EMPLOYER IDENTIFICATION NUMBER (
COMPANY NAME: Engle Propert	res LCC
EMPLOYER IDENTIFICATION NUMBER (I	EIN): 59-3471734
This communication is intended for the sole	use of the individual to whom it is
addressed and may contain information that is from disclosure under applicable law. If the re- intended recipient, or the employee or agent for intended recipient, you are hereby notified tha	ader of the communication is not the delivering the communication to the start any dissemination, distribution, or
capying of this communication may be strict	ly prohibited. If you receive this

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