

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001292

1. Entity Name
EAGLE CONSULTING GROUP, LLC



FILED
2003 JUN 10 PM 8:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business 2720 FOREST CIRCLE JACKSONVILLE, FL 32257	Mailing Address P.O. BOX 58124 JACKSONVILLE, FL 32241
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2. Principal Place of Business 128 DEER COVE DRIVE Suite, Apt. #, etc.	3. Mailing Address 128 DEER COVE DRIVE Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State PONTE VEDRA BEACH, FL	City & State PONTE VEDRA BEACH, FL
Zip 32082	Zip 32082
Country USA	Country USA

4. FEI Number 59-3622035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARSON, DESPINA K
2720 FOREST CIRCLE
JACKSONVILLE, FL 32267

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

B. 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 *Despina K. Garson* DATE 5/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

00020763602
07/03--01079--002 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARSON, DESPINA K <input type="checkbox"/> Delete 2720 FOREST CIRCLE JACKSONVILLE, FL 32267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESPINA K. GARSON <input type="checkbox"/> Delete 128 DEER COVE DRIVE PONTE VEDRA BEACH, FL. 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Despina K. Garson* DATE 5/30/03 904 280-2398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)