


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000016787</b>		
1. Entity Name <b>TAR EAGLE, LLC</b>		

Principal Place of Business <b>116 E GRANADA BLVD #202 ORMOND BEACH FL 32176 US</b>	Mailing Address <b>PO BOX 2652 ORMOND BEACH FL 32175</b>
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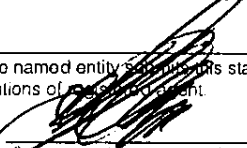
2. Principal Place of Business - No P.O. Box # <b>116 E. GRANADA BLVD</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
<b>Suite, Apt. #, etc.</b> <b>202</b>	<b>Suite, Apt. #, etc.</b>
City & State <b>ORMOND BEACH, FL</b>	City & State
Zip <b>32176</b>	Country <b>FLORIDA</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>59-3757557</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent <b>CLOAR, THOMAS J III 116 E GRANADA BLVD STE 202 ORMOND BEACH FL 32176</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>116 E. GRANADA BLVD., Suite 202</b> City <b>ORMOND BEACH</b> FL Zip Code <b>32176</b>
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8. The above named entity, by its 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, the registered agent.

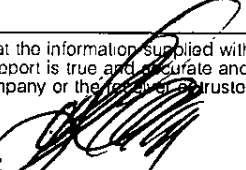
SIGNATURE  DATE **3/22/07**

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

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLOAR III, THOMAS J 116 E GRANADA BLVD STE 202 MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U000000679314 04/03/07-80034-004 50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3/22/07 (386)672-5998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #