


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90405 014 ***138.75

DOCUMENT # L01000016787	
1. Entity Name TAR EAGLE, LLC	

Principal Place of Business 116 E GRANADA BLVD #202 ORMOND BEACH, FL 32176 US	Mailing Address PO BOX 2652 ORMOND BEACH, FL 32175
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60012113



2. Principal Place of Business - No P.O. Box # 444 SEABREEZE BLVD	3. Mailing Address PO BOX 2652
Suite, Apt. #, etc. 640	Suite, Apt. #, etc.

02282008 Chg-LLC CR2E083 (12/06)

City & State DAYTONA BEACH, FL	City & State ORMOND BEACH, FL
Zip 32118	Zip 32175
Country US	Country US

4. FEI Number 59-3757557	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLOAR, THOMAS J III 116 E GRANADA BLVD STE 202 ORMOND BEACH, FL 32176	
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7. Name and Address of New Registered Agent Name CLOAR, THOMAS J. III Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD SUITE 640 City DAYTONA BEACH, FL Zip Code 32118	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOAR III, THOMAS J 116 E GRANADA BLVD STE 202 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOAR III, THOMAS J. 444 SEABREEZE BLVD STE 640 DAYTONA BEACH, FL 32118 <input checked="" 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
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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE 	2/28/08 (386)252-1600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>