2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002936

1. Entity Name
EATON PLACE, LLC

Principal Place of Business	Mailing Address
600 WHITE HEAD STREET SUITE 201 KEY WEST, FL 33040	600 WHITE HEAD STREET SUITE 201 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

02252005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
27-0002384	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

CARTER, B G
600 WHITEHEAD ST.
SUITE 201
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2005

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9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARTER, B.G.
STREET ADDRESS	600 WHITE HEAD STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGR
NAME	HENRIQUEZ, ARMANDO J
STREET ADDRESS	600 WHITE HEAD STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/05-80005-022 50.00

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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: _B M Carter – Managing_   Feb 27, 2005   (305) 294-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #