2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State
05-06-2008 90004 031 ***138.75

DOCUMENT # L02000002936

1. Entity Name
EATON PLACE, LLC

300088411

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

04172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0002384
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: B G Carter 2 June AM 2008 305-294-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #