

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000005405**

1. Entity Name  
**EAGLE CAY ENTERPRISES, LLC**



Principal Place of Business  
**1200 S. SWINTON AVENUE  
DELRAY BEACH, FL 33444**

Mailing Address  
**1200 S. SWINTON AVENUE  
DELRAY BEACH, FL 33444**



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0558806</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KOLLEDA, BURT  
1200 S. SWINTON AVENUE  
DELRAY BEACH, FL 33444**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

**BURT KOLLEDA**

**MEMBER 1-6-05**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

01/07/05-80045-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KOLLEDA, BURT
STREET ADDRESS	1200 S. SWINTON AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	MGRM
NAME	KOLLEDA, NIKKI
STREET ADDRESS	1200 S. SWINTON AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**BURT KOLLEDA**

**1-6-05**

Date

**561 266-9595**  
Daytime Phone #