2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L02000005405

Entity Name: EAGLE CAY ENTERPRISES, LLC

Current Principal Place of Business:

1200 S. SWINTON AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1200 S. SWINTON AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 02-0558806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: BURT KOLLEDA 04/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KOLLEDA, BURT
Address: 1200 S. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM ( ) Delete
Name: KOLLEDA, NIKKI
Address: 1200 S. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KOLLEDA, BURT MGRM
Address: 1200 S. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MEMB (X) Change ( ) Addition
Name: KOLLEDA, NIKKI MEMB
Address: 1200 S. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BURT KOLLEDA MGRM 04/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date