


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013666
 1. Entity Name
ECLIPSE HOLDINGS LLC



Principal Place of Business 4001 N.W. 130TH STREET OCALA, FL 34482	Mailing Address 4001 N.W. 130TH STREET OCALA, FL 34482
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04272004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0474931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMERIC, NICHOLAS
 4001 N.W. 130TH STREET
 OCALA, FL 34482**

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:  **NICHOLAS DEMERIC** **4-27-04**
Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when registered.) DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

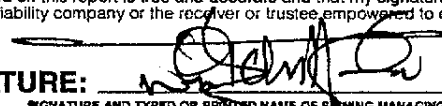
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE MERIC, NICHOLAS 4001 N.W. 130TH STREET OCALA, FL 34482
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 114/29/04-80169-016 150.00

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)(f), 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:  **NICHOLAS DEMERIC** **4-27-04** **352-351-2541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #