## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 19, 2006 8:00 am Secretary of State 01-19-2006 90063 032 \*\*\*150.00 DOCUMENT # L02000019925 EAGER PROPERTIES, LL€ Principal Place of Business Mailing Address 1520 GULF BOULEVARD 1520 GULF BOULEVARD PH-1 PH-1 CLEARWATER, FL 33767 CLEARWATER, FL 33767 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1622848 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FICARA, KAZUKO N 1520 GULF BOULEVARD IN THIS SPACE CLEARWATER, FL 33767 $\zeta_{k}^{-1},$ 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, 2006 9, MANAGING MEMBERS/MANAGERS MGR TITLE NAME FICARA, KAZUKO N 1520 GULF BOULEVARD, PENTHOUSE 1 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 of hustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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

**FILED**