## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 17, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name EAGLE C		581				02-17-200	ረ <b>4</b> ህ <b>፲</b>		50.00
Principal Place	e of Business	Mailing Address					だみのエ	101.	
Principal Place of Business 3350 ULMERTON ROAD, UNIT 4 CLEARWATER, FL 33762		3350 ULMERTON ROAD, UNIT 4 CLEARWATER, FL 33762							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01072004	Chg-LLC	CR2E08	33 (10/03)	
City & State	9	City & State	_		4. FEI Numbe		3	_ <del> </del>	plied For t Applicable
Zip	Country	Zip .	Coun	try	5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	Registered Agent	L	<del></del>	7. Name and	Address of New F		<del> </del>	<u>'</u>
	C. Name and Address of Current	adistered Adelle		Name	T, Hamound	Addition of fices 1	· ogiotorou i		
311 SOUT	ARY W ESQ. H MISSOURI AVENUE	•		Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	TER, FL 33756			· · · · · · · · · · · · · · · · · · ·					
				City			FL	Zip Code	<del></del>
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	tered agent, or bot	h, in the State of Fl		amiliar with,	and accept
the obligat	ions of registered agent.				٠,	,			
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if confineble (MOT	r. Damietere	d Agent signature requ	ind when rejectation		DATE		
<u> </u>	organizate; typose or printed indicate an register on agents	no tite il applicable. (1401	E; negistere	a viterir artiristora rada	nan wilau talisismiy)		DAIL		
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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 AND TYPE OF PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(727) 571-1886

Daylime Phone #