


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

02-17-2004 90193 004 \*\*\*\*50.00

**DOCUMENT # L03000024681**

1. Entity Name  
**EAGLE COVE, LLC**



Principal Place of Business  
**3350 ULMERTON ROAD, UNIT 4  
 CLEARWATER, FL 33762**

Mailing Address  
**3350 ULMERTON ROAD, UNIT 4  
 CLEARWATER, FL 33762**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**75-3122753**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LYONS, GARY W ESQ.  
 311 SOUTH MISSOURI AVENUE  
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	Jerome Ciaravino	
STREET ADDRESS	3350 Ulmerton Road, Unit 4	
CITY-ST-ZIP	Clearwater, Florida 33762	
TITLE	S	<input type="checkbox"/> Delete
NAME	Robert Ciaravino	
STREET ADDRESS	3350 Ulmerton Road, Unit 4	
CITY-ST-ZIP	Clearwater, Florida 33762	
TITLE	F	<input type="checkbox"/> Delete
NAME	Frank Burkett	
STREET ADDRESS	1775 CEDAR WALK CT	
CITY-ST-ZIP	PAIM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Jerome Ciaravino **2/11/04** (727) 571-1886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

24011031

