2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049617

FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90022 028 ****50.00

1. Entity Name EATON R	EALTY, LLC								
Principal Place of Business 11032 HOLLY CONE DRIVE RIVERVIEW, FL 33568 US		Maiting Address 11032 HOLLY CONE DRIVE RIVERVIEW, FL 33568 US			20047873				
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222005	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State			4. FEI Numb	0459ZC	· Z.	- 	olied For Applicable
Zip	Country Zip		Country		ì	of Status Desired		\$5.00 Addi ee Required	
	6. Name and Address of Current	Registered Agent		N	7. Name and	Address of New P	legistered A	gent	
EATON, CRAIG R				Name					
11032 HOL	LLY CONE DRIVE W, FL 33568			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code)
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Fig		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		·
Fi D	iling Fee is \$50.00 ue by May 1, 2005						e check p	ayable to ent of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON, CRAIG R 11032 HOLLY CONE DRIVE RIVERVIEW, FL 33568	☐ Delete		i i				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
11. I hereby indicated limited lie	certify that the information supplied witt d on this report is true and accurate and ability company or the faceiver or truste	n this filing does not qualify for that my signature shall have	or the exe	emption stated in Sine legal effect as if	ection 119.07(3 made under oat)(i), Florida Statutes, h; that I am a mana	. I further cer aging memb	tify that the in er or manage	nformation er of the

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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