2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400037783 1. Entity Name E.A.G. PROPERTIES, LLC

FILED Apr 20, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

6230 NW 23RD STREET BOCA RATON, FL 33434 6230 NW 23RD STREET BOCA RATON, FL 33434



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 20-1164046 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBERT, ALFRED L 6230 NW 23RD STREET BOCA RATON, FL 33434

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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFRED, GILBERT 6230 NORTHWEST 23RD STREET BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBERT, EVA 6230 NORTHWEST 23RD STREET BOCA RATON, FL 33434
TITLE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

EVA GIBERT

MY-18-2006

561 47005

Date

Daytime Phone #