## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # L04000087259** 1. Entity Name EAGAN-NAFF LLC Principal Place of Business Mailing Address 159 COCO PALM DR. 159 COCO PALM DR. VENICE, FL 34292 VENICE, FL 34292 04172006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3904695 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EAGAN-NAFF, PAMELA DO NOT WRITE 159 COCO PALM DR. VENICE, FL 34292 IN THIS SPACE . 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 bushs and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRM EAGAN-NAFF, PAMELA STREET ADDRESS 159 COCO PALM DR. U00000530698 CITY-ST-ZIP VENICE, FL 34292 05/06/06-80005-016 55.00 TITLE NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-70P आर ह IN THIS SPACE NAME STREET ADDRESS CiTY-ST-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE: