


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90375 030 ****55.00

DOCUMENT # L04000087259 1. Entity Name EAGAN-NAFF LLC					
Principal Place of Business 159 COCO PALM DR. VENICE, FL 34292			Mailing Address 159 COCO PALM DR. VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 22-3904695 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EAGAN-NAFF, PAMELA 159 COCO PALM DR. VENICE, FL 34292			7. Name and Address of New Registered Agent Name NAFF, H. PAMELA Street Address (P.O. Box Number is Not Acceptable) 159 COCO PALM DRIVE City VENICE FL 34292		
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. H. PAMELA NAFF SIGNATURE _____ DATE MAY 13, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EAGAN-NAFF, PAMELA 159 COCO PALM DR. VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAFF, H. PAMELA 159 COCO PALM DRIVE VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. H. PAMELA NAFF SIGNATURE: _____ DATE MAY 13, 2007 DAYTIME PHONE # 941-480-9272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					